

**DIRECT DEPOSIT AUTHORIZATION FORM**  
**(Must submit in person with ID)**

Please Print

Employee Name: _____
Campus ID: _____
Department: _____
Contact Phone: _____ Campus E-Mail: _____

**International Payments Verification (required)**

Will these payments be forwarded to a financial institution outside the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 7-227).

**Authorization – Please Read**

I authorize Stephen F. Austin State University to deposit my payroll payments to my financial institution electronically. I understand that Stephen F. Austin State University will reverse any payments made to my account in error. I acknowledge responsibility for providing complete and accurate information on this authorization form. **I understand that if changes occur in my account (for example, closing an account, changing banks, etc.) it is my responsibility to contact payroll immediately.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Primary Account</b>	
<input type="checkbox"/> <b>New</b>	Bank Name: _____ Routing No: _____
<input type="checkbox"/> <b>Change</b>	Account No: _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<b>Secondary Account (Optional – only needed if sending an amount or a percent to a different bank.)</b>	
<input type="checkbox"/> <b>New</b>	Bank Name: _____ Routing No: _____
<input type="checkbox"/> <b>Change</b>	Account No: _____ Amount or Percentage: _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<b>To expedite processing, please attach a voided check or copy of an account identification card.</b>	

<b>Office Use only:</b>	
ID verified by HR: _____	ID verified by PR: _____