

**PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | ID or SSN # |  |
| Address | |  | | | |
| Phone No. (Home) | | |  | (Work) |  |
| Email Address (for email notification of payroll remittance advice) | | | |  | |

1. Net Pay Deposit: New Change

Financial Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Savings Other

Routing Transit No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Fixed Dollar Amount Deposit: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Change Cancel

Financial Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Savings Other

Routing Transit No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Fixed Dollar Amount Deposit: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Change Cancel

Financial Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Savings Other

Routing Transit No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* There may be up to sixty (60) days administrative processing before enrollment will become effective.
* It is your responsibility to notify Tennessee Board of Regents Payroll Office of any changes in your account, such as account closure or change in account number.
* This agreement may be cancelled by your financial institution or Tennessee Board of Regents. TBR reserves the right to automatically cancel your participation in the direct deposit program upon termination of employment.
* ***You must provide a blank voided check from your financial institution with the required information for direct deposit. A deposit slip may not be acceptable documentation. Debit cards, prepaid credit cards or PayPal accounts are not accepted.***

I authorize Tennessee Board of Regents to initiate credit entries to the account(s) indicated for the purpose of depositing earnings from my employment.

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

REV: 01/15