Payroll/Travel Deduction Direct Deposit Authorization Form

EMPLOYEE'S AUTHORIZATION:

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I hereby authorize Fort Valley State University (FVSU) and the financial institution lis to my checking and/or savings account(s). This authority will remain in effect until FV direct deposit authorization in such time as to afford FVSU and the financial institution cancellation	VSU is notified in writing to cancel my Fort Valley State University
cancellation PLEASE COMPLETE AND RETURN TO PAYROLL/ACCOUNTS PAYABLE -	1005 State University Drive Fort Valley, GA 31030 Phone: (478) 825-6225 / 6303 Fax: (478) 825-6977
Employee Name:	http://www.fvsu.edu/about_fvsu/business_finance
Employee ID:	OR Employee Last 4 Digits of SSN:
Name of Financial Institution:	
Address of Financial Institution:	
(Pleas	se include City, State and Zip Code)
PRIMARY ACCOUNT	
Routing Number:	Checking Account Savings Account
Account Number:	(Please indicate checking or savings account)
FOR ADDITIONAL ACCOUNT	
Routing Number:	Checking Account Savings Account
Account Number:	(Please indicate checking or savings account)

IMPORTANT: FOR ACCURATE POSTING, PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP

Fort Valley State University (FVSU) reserves the right to cancel the direct deposit service for an employee's particular payroll/travel pay cycle under the following circumstances:

- 1. Upon termination of employment from the University.
 - (This is to ensure that all procedures related to termination will be properly completed).
- 2. During audit periods that require an employee to be physically present to sign for his/ her payroll/travel check.
- 3. When an employee has not fulfilled financial obligations to the University.

Special Instructions:		
Signature:	Date:	
Authorized by:	Internal Use C	Dnly heck No. Date

ALL ACCOUNTS REQUIRE A PRENOTE PERIOD TO VERIFY BANKING INFORMATION