Jackson State University Office of Financial Services Payroll and Employee Reimbursement Direct Deposit Form

Name	J# or SSN			
Address				
City		State	Zip Code	
	Employees have the right to	modify this authorization at anytime.		
PLEASE CHECK ALL THAT A	APPLY			
New Application	Change of Financia	al Institution - Employee Reim	bursement	
Cancel Authoriza	tion Change of Financi	al Institution - Payroll		
1	contact your financial institution if yo		_	
		below to verify account information)		
	Payroll Primary	Payroll Secondary	Employee Reimbursement <u>Accounts Payable</u>	
	Checking/ Money Market	Checking/ Money Market	Checking/ Money Market	
	Savings Account	Savings Account	Savings Account	
inancial Institution				
outing Number (ABA)				
outing Number (ADA)	·			
ccount Number				
mount to be Deposited r Percentage	Remaining Balance			
I hereby authorize:	(1) Jackson State University to c(2) My financial institution to cre(3) Jackson State University to in account for any incorrect credit	edit my account, and nitiate and my financial institu	ution to make adjustments to my	
institutions, or cancel a	a new authorization form must be comp authorization. I also understand that all eeks in advance, to enable the University	requests for change should b	oe submitted to Jackson State	
Signature		Date		
Print Name		Title		
Email		Phone Number		
FOR EMPLOYEE REIMBURSEMENT RETURN TO: JACKSON STATE UNIVERSITY		RETURN TO	FOR PAYROLL RETURN TO: JACKSON STATE UNIVERSITY	

RETURN TO: JACKSON STATE UNIVERSITY OFFICE OF FINANCIAL SERVICES, P. O. BOX 17159 JACKSON, MS 39217 RETURN TO: JACKSON STATE UNIVERSITY
OFFICE OF HUMAN RESOURCES, P. O. BOX 17028
JACKSON, MS 39217