

Direct Deposit Authorization Agreement

Attach a Voided Check or Direct Deposit Setup, and State ID(Required)

Student Name:

Email Address

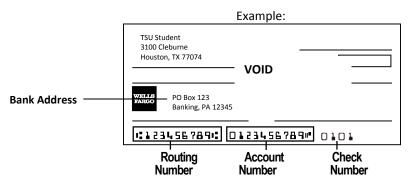
Student Ir	formation (Please Print and (Check the	Status Box That Ap	plies)	
	T – Number Mailing Address City		Social Security Number		
				Telephone Number	
				State	Zip Code
	Status:	Student		Student Worker	

Purpose and Type of Fees to Apply Direct Deposit Transactions (Please Check the Applicable Boxes):

New Setup	Cancellation	Change Account	Accounts Payable /	Payroll
		Number	Refunds	

Bank Information – All Boxes Must Be Completed (See Example Below)

Bank Name	Bank Address		
City	State	Zip Code	
Routing Number	Account Number	Checking	Savings



Pursuant to Section 403.016, Texas Government Code, I authorize Texas Southern University (TSU) to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. TSU shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I consent to, and agree, to comply with National Automated Clearing House Association Rules and Regulations and Student Accounting rules about electronic transfers, as they exist on the date of my signature on this form, or a subsequently adopted, amended or repealed. I also understand that this form remains in effect until such time that I notify TSU to cancel. This form will be maintained in electronic format for a period of three academic years.

Student Signature:		Date:	
Signature of Notary Public(not required if student is present):	Date:		
Department Use: Entered By:	Date:	_	

Please allow 5 business days for your banking information to be updated and take effect.