

Direct Deposit Authorization Agreement

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

Student Name: _____ Email Address : _____

Student Information (Please Print and Check the Status Box That Applies)

T – Number		Social Security Number	
Mailing Address		Telephone Number	
City		State	Zip Code
Status:	<input type="checkbox"/> Student	<input type="checkbox"/> Student Worker	

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

<input type="checkbox"/> New Setup	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Account Number	<input type="checkbox"/> Accounts Payable / Refunds	<input type="checkbox"/> Payroll
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Bank Information – All Boxes Must Be Completed (See Example Below)

Bank Name		Bank Address	
City		State	Zip Code
Routing Number		Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Example:

The example shows a voided check from Wells Fargo. The bank address is PO Box 123, Banking, PA 12345. Below the check, the routing number is 234567890, the account number is 012345678901, and the check number is 0101.

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electronic transfers, as they exist on the date of my signature on this form, or a subsequently adopted, amended or repealed.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.