MISSISSIPPI VALLEY STATE UNIVERSITY

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Mississippi Valley State University** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Mississippi Valley State University** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Mississippi Valley State University** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I also understand that my first payroll check will be prenoted, and therefore mailed. Every check thereafter will be directly deposited into my account.

This agreement will remain in effect until **Mississippi Valley State University** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking ☐ Savings $_____Amt

_____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking ☐ Savings $ _____Amt

Signature

Authorized Signature: _____ **Date:** _____

Employee Identification # _____

☐ NEW ACCT   ☐ ADD ACCT   ☐ CHANGE ACCT   ☐ CANCEL ACCT   ☐ CHANGE $ AMT

Please attach a voided check and return this form
to your human resources representative.

HRD Form Revised 11/11/2008