

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 it is my responsibility to make sure that Human Resources has a valid mailing address on file to ensure delivery of my first payroll check, which will be mailed. Every check thereafter will be mailed.

This agreement will remain in effect until **Mississippi Valley State University** receives a written notice of change 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 CHANGE \$ AMT

ATTACH A VOIDED CHECK OR OFFICIAL DOCUMENTATION FROM YOUR FINANCIAL INSTITUTION AND RETURN THIS FORM TO HUMAN RESOURCES. DIRECT DEPOSITS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION