



DIRECT DEPOSIT AUTHORIZATION FORM

☐ **NEW or CHANGE**

☐ **CANCEL**

Date: _____

Name of Employee: _____ **SS#:** _____

Name of Bank/Credit Union/Savings & Loan: _____

Branch #: _____ **Location:** _____ **Address:** _____

Telephone # of Bank/Credit Union/Savings & Loan: _____

Bank Routing Number #: _____ **Account #:** _____ ☐ **Checking** ☐ **Saving**

I hereby authorize South Baylo University and/or its agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

1. Direct Deposit is not activated until 10 days following a \$0 test transaction for **New or Change** authorization
2. I must submit a new Authorization Form if I change my account (name, institution, branch, type account, etc.)
3. Direct Deposit status will be temporarily suspended if wages are garnished.
4. Direct Deposit status will be suspended by SBU at any time under special or extreme conditions.
5. In the event of an overpayment, I agree to pay back the amount in full within 30 days of the occurrence.

I agree to hold harmless and indemnify South Baylo university, and their officers, employees and agents from any claim or demand of whatever nature, including those based upon negligence of SBU and their officers, employees and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization Form.

Signature

Date

Attached to this Form is a ☐ Voided check showing the Bank/Institution Routing Number & Account Number.

Please Return **ASAP** to Personnel Department.