

DIRECT DEPOSIT AUTHORIZATION FORM

Please Print

Employee Name: _____	
Social Security Number: _____	
Department: _____	
Phone: _____	Campus E-mail: _____

Authorization – Please Read

I authorize Stephen F. Austin State University to deposit by electronic transfer my payroll amounts to the financial institution and account indicated below. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that SFA may contact my financial institution to confirm accuracy of information. SFA reserves the right to reverse an incorrect posting upon notification prior to the settlement date. **I understand that if changes occur in my account, i.e., closing account, changing banks, etc., it is my responsibility to contact payroll immediately.**

Signature: _____ **Date:** _____

Primary Account

<input type="checkbox"/> New	Bank Name _____
	Account No. _____
<input type="checkbox"/> Change	<input type="checkbox"/> Checking <input type="checkbox"/> Saving

Secondary Account

<input type="checkbox"/> New	Bank Name _____
	Account No. _____
<input type="checkbox"/> Change	Amount _____
<input type="checkbox"/> Stop	<input type="checkbox"/> Checking <input type="checkbox"/> Saving

To expedite processing, attach a voided check or copy of an account identification card.