



Direct Deposit Authorization

DIRECT DEPOSIT is a safe and easy way to have your pay deposited directly into a checking or savings account at the financial institution of your choice.

Use this form to: Establish New Direct Deposit Change Financial Institution and/or Account Type or Number	Submit this form to: Treasury Services 320 McArthur Hall Mail Stop 9602
	<u>Mailing Address:</u> Treasury Services P.O. Box 5227 Mississippi State, MS 39762

**Questions Regarding Direct Deposit: Contact Treasury Services at 662 325-2826
FAX: (662) 325-1464**

Instructions:

1. Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested.
2. **Checking Account - Attach a voided personal check**
3. **Savings Account – Attach a statement from your financial institution which includes the financial institution’s routing number and your account number**
4. Sign and return the form to Treasury Services (address above)

Important Reminders:

1. Payroll deposits are credited to your account on the date that the salary payments are due (payday).
2. Failure to notify the Treasury Services Office in a timely manner of changed or closed accounts may substantially delay the receipt of payments if an attempt is made to deposit funds into a closed account.

EMPLOYEE’S AUTHORIZATION: I authorize Mississippi State University and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed below. This authority will remain in effect until I have canceled it in writing.

This is an authorization to: Establish New Account Change Existing Account

Checking Account - A voided check or photocopy of a voided check is required to process this authorization

Savings Account - A letter from your financial institution which includes the financial institution’s routing number and your account number for ACH purposes is required to process this authorization.

**Staple Voided
Check Here**

_____	_____
Financial Institution	Employee’s Name (Please Type or Print)
_____	_____
City and State	Employee’s MSU ID Number
_____	_____
Account Number at Financial Institution	Employee’s Signature Date
_____	_____
Department Name	Business Telephone Number
_____	_____
Department Address Mail Stop	Home Telephone Number