MCNEESE STATE UNIVERSITY DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize McNeese State University, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account, and the **FINANCIAL INSTITUTIONS'** named below, to credit and/or debit the same to such account.

McNeese State University will allow direct deposit in up to three accounts. **(Exception: Student employees may only Direct Deposit into one bank account)**
When using multiple accounts, you must list an **amount** to be deposited into each account.

FINANCIAL INSTITUTION #1

Name of Institution: _____

Type of Account ☐ Checking ☐ Savings

Account #:_____ Routing #:_____

Amount: _____ (Do not list amount unless you are using multiple accounts)

FINANCIAL INSTITUTION #2

Name of Institution: _____

Type of Account ☐ Checking ☐ Savings

Account #:_____ Routing #:_____

Amount: _____

FINANCIAL INSTITUTION #3

Name of Institution: _____

Type of Account ☐ Checking ☐ Savings

Account #:_____ Routing #:_____

Amount: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and the FINANCIAL INSTITUTION/S' named above a reasonable opportunity to act and in accordance with university policy concerning direct deposit for employees.

PRINTED NAME: _____ ID#:_____

DATE: _____ SIGNATURE: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN TO PAYROLL

PAID BI-WEEKLY ☐ PAID MONTHLY ☐