

# Jackson State University ❖ The Business Office

## Authorization Form

### Direct Deposit

Allow three (3) business days after processing date for direct deposit funds to be available.

Last Name	<input type="text"/>	Address	<input type="text"/>		
First Name	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Middle Initial	<input type="text"/>	Zip Code	<input type="text"/>		
SSN	<input type="text"/>	J #	<input type="text"/>		

The employee/student has the right to modify or rescind this authorization at anytime.

**PLEASE CHECK ALL THAT APPLY**

- Student Refund       Employee Reimbursement       Cancel Authorization  
 New Application       Change of Financial Institution

**Please contact your financial institution if you need assistance with the following information.  
Note that Direct Deposit Refunds can only be applied to accounts at domestic (U.S.) financial institutions.**

Bank Name	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
-----------	----------------------	------	----------------------	-------	----------------------

**TYPE OF ACCOUNT - PLEASE CHECK ONE:**

- Checking or Money Market Account      *(Attach a voided check below to verify account information)*  
 Savings Account

TRANSIT ROUTING (ABA) NUMBER	<input type="text"/>	<i>Contact your financial institution for the number ( must be validated by financial institution )</i>
ACCOUNT NUMBER	<input type="text"/>	

I hereby authorize: (1) Jackson State University to deposit my funds via Direct Deposit,  
(2) My financial institution to credit my account, and  
(3) Jackson State University to initiate and my financial institution to make adjustments to my account for any incorrect credits/payments which may occur.

This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. All requests for changes should be submitted to Jackson State University at least 2 weeks in advance, to enable the University and financial institution(s) to process appropriate transactions.

Signature	_____	Date	_____
Email	_____	Phone Number	_____

STAPLE  
VOIDED CHECK

RETURN TO: JACKSON STATE UNIVERSITY  
THE BUSINESS OFFICE, P. O. BOX 17250  
JACKSON, MS 39217