

STETSON UNIVERSITY

STUDENT DIRECT DEPOSIT AUTHORIZATION AND AGREEMENT

The accuracy of the information you are providing herein is solely your responsibility.

Providing a printout from your bank or a voided check, will improve accuracy of your account information.

Last Name:	First Name:	MI	ID (800#):
			800-

<i>Bank Account Information</i>	
ACCOUNT NO. _____	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ROUTING NO. _____	
FINANCIAL INSTITUTION (BANK NAME) _____	

All information provided on this form will supersede all previous paper and online forms.

Direct Deposit service is offered with the explicit understanding that Stetson University is not responsible for any financial liability that may result from the electronic transactions by and between our and your financial institution.

AUTHORIZATION

I hereby authorize Stetson University to initiate deposits (credits) and/or corrections to the financial institution(s) indicated above. The financial institution(s) is authorized to credit and/or correct the amount to my account. This authority is to remain in full effect until I either revoke it by giving 10 days written notice to Stetson University or, upon termination of my employment with Stetson University.

PLEASE NOTE: IF A VOIDED CHECK OR BANK PRINTOUT IS NOT ATTACHED, WE CANNOT GUARANTEE THE ACCURACY OF YOUR DEPOSIT.

Signature

Date

Once you have returned the completed Direct Deposit Authorization and Agreement to the Student Employment or Finance Office, we require a "pre-notification". This means monies will be direct deposited after two pay periods.

Rev.08/2017