

# NORTHWESTERN STATE Direct Deposit Authorization Form

Employee Name (Please Print): \_\_\_\_\_ CWID or SSN: \_\_\_\_\_

## ACCOUNT # 1 – NET DEPOSIT

New     Change     Cancel

Bank Name \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:     Checking     Savings

## ACCOUNT # 2 – PARTIAL DEPOSIT

New     Change     Cancel

Bank Name \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:     Checking     Savings

\*Amount:    \$ \_\_\_\_\_

## AUTHORIZATION AGREEMENT

I hereby authorize Northwestern State University to initiate automatic deposits to my account at the financial institution named above. I also authorize Northwestern State University to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Northwestern State University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Northwestern State University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**\*\*Please attach a voided check or some type of bank account verification and return with this form to the Payroll Department.**

