



Student Employment Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Northwestern State University to initiate automatic deposits to my account at the financial institution named below. 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.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Social Security Number: _____

Employee Name (Please Print): _____

Employee Signature: _____

Date: _____

A VOIDED CHECK MUST BE ATTACHED. IF NOT, YOU MUST ATTACH A BANK LETTER OR SAVINGS STATEMENT ENSURING YOUR ACCOUNT AND BANK'S ROUTING NUMBER ARE CLEARLY IDENTIFIABLE.