

Business & Finance

Nashville State Community College
120 White Bridge Rd
Nashville, Tennessee 37209



Authorization Agreement for Direct Deposit

This Authorization is for:

NEW Request CHANGE of account information ADDITIONAL Accounts Needed CANCELLATION

Employee ID: _____ Employee Name: _____

College E-mail Address (REQUIRED): _____
(Please Print - This is required for electronic notification of payment to your bank account.)

Employee is responsible for notifying Nashville State's Payroll Department of any changes.

Box 1 (Please include a void check for this account with form):

| | | | | | | | | | | | | |
|--|--|---|----------------------------------|--|--|--|--|--|--|--|--------------------------|--|
| PAYROLL PRIMARY ACCOUNT | | Mark only one: Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | | | | | | | | | |
| Financial Institution Name _____ | | City, State _____ | | | | | | | | | | |
| <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> Transit Routing Number (9 digits) | | | | | | | | | | | Account Number _____ | |
| | | | | | | | | | | | | |

Box 2 (Please include a void check for this account with form):

| | | | | | | | | | | | | | |
|--|--|-------------------|---|----------------------------------|--|--|--|--|--|--|--------------------------|--|--|
| PAYROLL SECONDARY ACCOUNT | | \$ _____ | Mark only one: Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | | | | | | | | | |
| | | Fixed Amount | | | | | | | | | | | |
| Financial Institution Name _____ | | City, State _____ | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

Box 3 (Please include a void check for this account with form):

| | | | | | | | | | | | | |
|--|--|---|----------------------------------|--|--|--|--|--|--|--|--------------------------|--|
| NON-PAYROLL ACCOUNT (Travel, etc.) | | Mark only one: Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | | | | | | | | | |
| Financial Institution Name _____ | | City, State _____ | | | | | | | | | | |
| <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> Transit Routing Number (9 digits) | | | | | | | | | | | Account Number _____ | |
| | | | | | | | | | | | | |

Authorization Agreement and Signature

I hereby authorize and request Nashville State Community College to deposit wage payments and miscellaneous reimbursements automatically to my account at the financial institution named above. I understand this agreement will remain in effect until withdrawn by written notification to Nashville State. I also authorize withdrawal transactions from my account(s), limited to the amount of original deposit, in the event of an over payment or erroneous deposit.

I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Nashville State Community College immediately.

**This testament is being made as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense.*

Employee Signature: _____ Date: _____