# Southwestern University <br> Direct Deposit Form 

Printed Name: $\qquad$ SU ID\#: $\qquad$
I hereby authorize Southwestern University to initiate credit entries and debit entries or adjustments only if necessary to the extent any prior credit entries may have been incorrect to the following financial institutions and accounts listed below.

| Choose Reason: <br> S = Set-up/Add account <br> C = Change account <br> E = End/Cancel account | Bank Name | 9 Digit Bank Routing Number | Bank Account Number | Choose <br> Acct Type: <br> C = Checking <br> $\mathrm{S}=$ Savings | Select One Option for each account/line below: |
| :---: | :---: | :---: | :---: | :---: | :---: |
| S or C or E |  |  |  | C or S | $\qquad$ |
| S or C or E |  |  |  | C or S | $\qquad$ |
| S or C or E |  |  |  | C or S | $\square$ Total Amount <br> - \$ $\qquad$ <br> - Remain. Amount |
| $S$ or Cor E |  |  |  | C or S | $\qquad$ |

This authority is to remain in full force and effect until Southwestern University has received written notification from me of its termination or change in such time and in such manner as to afford the University a reasonable opportunity to act on it. I further understand that if changes occur in my account, such as switching the type of account, changing account numbers, closing accounts, changing banks, it is my responsibility to notify the Payroll Office immediately. (Due to the electronic payment file deadlines, changes received less than 5 days prior to the payroll date may not be made.)

## Signature:

Date:
Please return this form to Student Payroll in the Business Office. Due to timing differences, it may take one or more payroll cycles for the new or changed direct deposit account information to go in to effect. DO NOT CLOSE YOUR ACCOUNT WITHOUT GIVING NOTICE OF THE CHANGE TO THE PAYROLL OFFICE.

TO BE COMPLETED BY PAYROLL - Effective Date of Direct Deposit $\qquad$ Processor Initials $\qquad$

