

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

1. Social Security Number

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2. Employee Name _____

3. Transaction Code
Add, Change or Delete A C D

4. Account Type Checking Savings

5. Financial Institution _____

6. Transit Routing Number

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7. Account Number

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If deposit is to be made to a checking account, attach a voided check or deposit slip in the space provided below.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

I hereby authorize Pellissippi State to deposit my net pay automatically to the financial institution indicated. I understand this agreement will remain in force until such time that I terminate it by proper execution of another authorization agreement.

Employee Signature

Date