

# Business & Finance

Pellissippi State Community College  
10915 Hardin Valley Road, PO Box 22990  
Knoxville, Tennessee 37933-0990



## Authorization Agreement for Direct Deposit

### This Authorization is for:

- NEW Request       CHANGE of account information       CANCELLATION of a prior request

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 Pellissippi State Community College of any changes.**

<b>PAYROLL PRIMARY ACCOUNT</b>	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 _____	

<b>PAYROLL SECONDARY ACCOUNT</b>	\$ _____	Mark only one:    Checking <input type="checkbox"/>	Savings <input type="checkbox"/>									
	Fixed Amount											
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 _____		

<b>NON-PAYROLL ACCOUNT (Travel, etc.)</b>	Mark only one:    Checking <input type="checkbox"/>	Savings <input type="checkbox"/>									
Financial Institution Name _____	City, State _____										
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### Authorization Agreement and Signature

I hereby authorize and request Pellissippi 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 I understand this agreement will remain in effect until withdrawn by written notification to Pellissippi State. I also authorize withdrawal transactions from my account(s), limited to the amount of original deposit, in the event of an overpayment 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 Pellissippi 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: \_\_\_\_\_