



# Carson-Newman College

## PAYROLL DIRECT DEPOSIT AUTHORIZATION

**Employee Information (Please Print)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Carson-Newman ID # \_\_\_\_\_

**Options (Check One)**

- Initiate** a New direct deposit to my checking/savings account. I understand this will take at least one pay period to complete the process.
- Change** Bank/Financial Institution, Account Number or Account Type for my direct deposit. If you select this option you will receive a payroll check until the new account is established. Do not close the original deposit account until the payroll check is issued.
- Discontinue** direct deposit to my checking/savings account and issue a payroll check instead. Do not close the original deposit account until the payroll check is issued.

**Deposit Account Information (Fill in all information. DO NOT include check number)**

Bank or Financial Institution Name: \_\_\_\_\_

Account Type (Check One)     Checking    OR     Savings

Routing Number: \_\_\_\_\_

Checking/Savings Account Number:  
\_\_\_\_\_



**Authorization (Date and Sign)**

I authorize Carson-Newman College to deposit my net salary to the financial institution and account named above. This authorization is to remain in force until the College receives written notification from me of its termination in time and manner that allows the College and the financial institution to a reasonable opportunity to act upon it. In the event that the College notifies the financial institution that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the financial institution to return said funds to the College as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the financial institution to the College is not possible, I authorize the College to recover those funds by setting off the amount erroneously paid me from any future payments from the College until the amount of the erroneous deposit has been recovered in full.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**Instructions:**

- You can choose to direct deposit to a checking or savings account or both. Separate authorizations required.
- Type or print only (except signature) Use black ink only
- Complete all areas of the form
- Read authorization and sign the completed form. Unsigned or Incomplete forms will be returned
- Deposit amount will be full net amount of pay to either your checking or savings account.
- Attach a voided blank check or deposit slip to this form.
- Complete the form and return to:

**Human Resources Department, Room 204, CNC, PO Box 557 , Jefferson City, TN 37760**