



The University of Tennessee/Payroll Office Authorization Agreement for Direct Deposit

Employee Name: _____ Employee ID # _____ Monthly: Biweekly:

Last First MI

Verify Last 4 of SSN _____

Date of Birth _____

Primary Account	_____	Checking	<input type="checkbox"/>
	Name of Bank or Financial Inst. City, State Bank Routing # Bank Acct #	Savings	<input type="checkbox"/>

Secondary Account	_____	Checking	<input type="checkbox"/>
	Name of Bank or Financial Inst. City, State Bank Routing # Bank Acct #	Savings	<input type="checkbox"/>
		Fixed Dollar Amount:	_____

Travel Account	_____	Checking	<input type="checkbox"/>
	Name of Bank or Financial Inst. City, State Bank Routing # Bank Acct #	Savings	<input type="checkbox"/>

I hereby authorize The University of Tennessee to automatically deposit my net pay and travel reimbursements into my account(s) at the financial institution(s) indicated. 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.

_____ Date

Employee Signature