



# Direct Deposit Authorization

Upon completing this form, submit the signed original to DSU Business Services Office. This authorizes Dixie State University (DSU) and its staff to directly deposit my pay/reimbursement check to the account(s) indicated below or cancel/change direct deposit authorization if so indicated. **This form supersedes and voids any prior direct deposit authorization forms.**

### PAYEE CLASSIFICATION

- Employee Payroll (Please attach voided check or bank authorization form)
- Student or Employee Refund/Reimbursement
- Vendor

### TRANSACTION TYPE (Check all appropriate boxes.)

- New setup
- Change financial information
- Cancellation
- Change account number
- Update contact information
- Change account type

### PAYEE IDENTIFICATION

Social Security number or DSU ID# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR Federal Employer's Identification (FEIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Name		Phone Number		Email Address <b>(REQUIRED)</b>	
Mailing Address		City		State	Zip Code

### FINANCIAL INSTITUTION

Financial Institution Name		City		State	
Routing Transit Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Customer Account Number <input type="text"/>		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Percent/Amount

### AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

I authorize DSU to deposit payments to my financial institution electronically. I further understand that DSU will reverse any payments made to my account in error. I also agree to comply with the National Automated Clearing House Association's rules and DSU Policies & Procedures for electronic payments at all times.			
Authorized Signature		Printed Name	Date

### Note:

- 1) After enrolling in Direct Deposit, all funds specified will be deposited directly to your bank account unless this agreement is terminated or amended by written notification.
- 2) It is your responsibility to notify DSU in writing of any changes to your bank account. Your direct deposit will remain active until you inactivate it with DSU.
- 3) If funds are direct deposited to your account in error, DSU may initiate a reversal against the account to recover/remove the funds. If such a case arises, you will be contacted prior to the reversal.
- 4) DSU is not responsible for any bank or overdraft fees charged to your account.
- 5) Email notification will be provided of the payment posting to your account.
- 6) Payroll direct deposit may be delayed one full pay period if direct deposit authorization forms do not include either a voided check or bank authorization form.

For vendor or reimbursement questions please contact:  
Accounts Payable  
Email: [accounts.payable@dixie.edu](mailto:accounts.payable@dixie.edu)  
Phone: (435) 652-7606 or (435) 652-7617

For payroll questions, please contact:  
Payroll  
Email: [payroll@dixie.edu](mailto:payroll@dixie.edu)  
Phone: (435) 652-7611