

Jacksonville State University

DIRECT DEPOSIT AUTHORIZATION FOR TRAVEL OR OTHER REIMBURSEMENTS VIA ACCOUNTS PAYABLE

Does this change prior Direct Deposit information? yes no

Name _____

JSU ID or
Social Security # _____

Address _____

Telephone Number _____

Fax Number _____

Email Address _____

(Notification of your deposit confirmation will be sent via e-mail)

I hereby authorize Jacksonville State University to initiate direct deposit entries to my checking or savings account at the financial institution indicated below.

This authority is to remain in effect until Jacksonville State University has received written notification from me of its changes.

For Checking: *Attach a voided check for verification of the bank routing number and account number.*

For Savings: *Provide a photocopy of your bank statement for verification of the bank routing number and account number.*

Financial Institution Name _____

9-digit Bank Routing Number _____

Account Number _____

Indicate type of account: Checking or Savings

Signature _____

Date _____

Send completed form or fax to (256) 782-5967.

Jacksonville State University
Accounts Payable Office
309 Bibb Graves
700 Pelham Rd N
Jacksonville, AL 36265