Please check one:	Full-Time Employee	Temporary Employee	GA	Adjunct	Student
Please check one:	New Authorization	Change Authorization	Cancel	Authorization	
Ten	nessee	DIRECT DEPO	SIT ENI	ROLLME	NT FORM
All employees are rec	quired to enroll in direct de	eposit of Payroll deposits. Pay	roll funds can	be split between	two bank accounts.
of all financial inform		and routing numbers with you and routing numbers, before su			
Full Name:					
Employee ID #: T		Department:			
SIGNATURE			Date		
PRIMARY ACCO	OUNT (required)				
Financial Institutio	on Name:		NAME		0123
Type of Account: ☐ Checking ☐ Savings			ADDRESS CITY, STATE ZIP PAY TO THE ORDER OF		01-2345,6789 NTE
Routing Number:			BANK NAME ADDRESS CITY, STATE ZIF		DOLLARS
Account Number:			FOR	C 0123456789D123#	0153
Payroll amount to b	be deposited to this acco			er Account Number	
SECONDARY A	CCOUNT (optional)	(Dollar Amount or Bala	nce of Pay)		
Financial Institutio	on Name:		NAME ADDRESS CITY, STATE ZIP	DA	0123 01-2345/6789
Type of Account:	☐ Checking ☐ Savir	ngs	PAY TO THE ORDER OF		\$
Routing Number:			BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
Account Number:				: 0123456789D123#	0153
Payroll amount to be deposited to this account:			Routing Numbe	r Account Number	
		(Dollar Amount or Balar	nce of Pay)		
error to my account(s		edit entries and, if necessary, or understand that all accounts into multiple accounts.			

This authorization revokes all prior payment direction notifications. ☐ I agree.

 $Information\ about\ your\ direct\ deposit\ is\ available\ in\ Banner\ Self\ Service\ (Eagle\ Online).$