

Grambling State University

AUTHORIZATION FOR "ELECTRONIC DEPOSIT"

New Application for Electronic Deposit

Change of Account Number, same Bank

Change of Bank

I, _____, hereby authorize Grambling State University to "Electronically Deposit" my funds on a date specified by the University to the bank of my choice. (Please circle applicable relationship to the university.) It is also understood that it is my sole responsibility to notify the University of my bank account information; as well as; any changes made to my bank account. In the event of an error in the credit entry, the correction of which requires that a reversing (debit) entry is made, I hereby authorize the Depository Institution to initiate such a debit entry in the amount of the error to my account.

Student, Faculty, or Staff Member Signature: _____ **Date:** ___/___/___

Student/Employee: _____ **Payroll or** _____ **Refunds/Reimbursements**

Grambling ID Number (G#): _____

Contact Number: _____

Attach a Voided Check or a bank document from your bank account or bank app that shows your name, routing and account numbers to Verify Bank Information and Complete the Following.

YOUR DIRECT DEPOSIT WILL NOT BE SET UP IF BOTH DOCUMENTS ARE NOT RECEIVED.

Financial Institution Name: _____

Financial Institution ABA (Routing) Number: _____

Account Number: Checking Savings _____

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This section is for GSU employees (faculty/staff) only

Is this a second direct deposit account? Yes No

If yes, specify amount to be deposited:

For student refund purposes, please email both documents to studentaccounts@gram.edu

For payroll purposes, please email both documents to pavroll@gram.edu

If mailing, please mail to the following address:

Attn: Payroll/Student Accounts

P.O. Box 25

Grambling, LA 71245