

Grambling State University

AUTHORIZATION FOR "ELECTRONIC DEPOSIT"

☐ New Application for Electronic Deposit

☐ Change of Account Number, same Bank

☐ Change of Bank

Please attach a photo ID, a voided check or a bank document from your bank account or bank app that shows your name, routing and account numbers for verification of the bank information.

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

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#): _____

Telephone Number: _____

Complete the following:

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 payroll@gram.edu

If mailing, please mail to the following address:

Attn: Payroll/Student Accounts

P.O. Box 25

Grambling, LA 71245