THE UNIVERSITY OF TENNESSEE SYSTEM

The University of Tennessee/Payroll Office Authorization Agreement for Direct Deposit

Employee Name: _____ _____ _____ Employee ID # _____ Monthly: ☐ Biweekly: ☐

Last First MI

Verify Last 4 of SSN _____

Date of Birth _____

Primary Account	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Checking ☐ Savings ☐
Secondary Account	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Checking ☐ Savings ☐ Fixed Dollar Amount: _____
Travel Account	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Checking ☐ Savings ☐

I hereby authorize The University of Tennessee to automatically deposit my net pay and travel reimbursements into my account(s) at the financial institution(s) indicated. I also authorize withdrawal transactions from my account(s), limited to the amount of original deposit, in the event of an overpayment or erroneous deposit.

_____ _____

Employee Signature Date

Rev.3/27/20 for COVID19