FREED-HARDEMAN UNIVERSITY

Payroll Election Form

Date: _____

Employee Name: _____

Direct Deposit Authorization: I authorize Freed-Hardeman University and the financial institution listed below to electronically direct deposit into the following account(s). Payroll direct deposits and direct deposits of employees expense reimbursements will be made to the accounts listed below until I choose to terminate or change this agreement by submission of a new Payroll Election Form.

Should funds be erroneously deposited into my account(s), I authorize the University to debit my account for an amount not to exceed the amount of credit.

I further authorize the University to provide me with an electronic pay statement and I understand that I will be notified by email to my official University email address for any employee expense reimbursements made to my primary account.

☐ **Primary Account:**
    Bank Name: _____
    Bank Routing/ABA Number: _____
    Account Number: _____
          ☐ Checking   ☐ Savings

☐ **Secondary Account:**
    Bank Name: _____
    Bank Routing/ABA Number: _____
    Account Number: _____
          ☐ Checking   ☐ Savings

☐ **Student Payroll Deduction Authorization:**

    I authorize Freed-Hardeman University to apply the entire amount of my earnings each month to my student account beginning with payroll period _____.

_____   _____

Signature   **Date**

*To expedite processing, attach a voided check or copy of an account identification card.