Southwestern University
Direct Deposit Form
For Payroll and Accounts Payable Payments

Printed Name:___________________________  SU ID#: ______________

Due to electronic payment file deadlines, changes received less than 5 days prior to a payroll or accounts payable payment date may result in a paper check.

I hereby authorize Southwestern University to initiate credit entries and debit entries or adjustments only if necessary to the extent any prior credit entries may have been incorrect to the following financial institutions and accounts listed below. If available, attach a voided check to this form.

<table>
<thead>
<tr>
<th>Choose Reason:</th>
<th>Bank Name</th>
<th>9 Digit Bank Routing Number</th>
<th>Bank Account Number</th>
<th>Choose Acct Type:</th>
<th>Select One Option for each Account/Line below:</th>
</tr>
</thead>
</table>
| S or C or E   |           |                             |                    | C or S           | Total Amount
|               |           |                             |                    | $ ___________   | $ ___________ Remain. Amount |
| S or C or E   |           |                             |                    | C or S           | Total Amount
|               |           |                             |                    | $ ___________   | $ ___________ Remain. Amount |
| S or C or E   |           |                             |                    | C or S           | Total Amount
|               |           |                             |                    | $ ___________   | $ ___________ Remain. Amount |

This authorization will remain in full force and effect for my payroll and accounts payable payments until Southwestern University has received written notification from me of its termination or change in such time and in such manner as to afford the University a reasonable opportunity to act on it. **I understand it is my responsibility to notify the Business Office immediately if changes occur in my account, such as switching the type of account, changing account numbers, closing accounts or changing banks.**

Signature:___________________________  Date: ______________  Revised 6/2019

Please return this form to the Business Office

**DO NOT CLOSE YOUR ACCOUNT WITHOUT GIVING NOTICE OF THE CHANGE TO THE BUSINESS OFFICE**