

DIRECT DEPOSIT AUTHORIZATION
Sure Pay Authorization Agreement for Automatic Deposits (Credits)

Employee Name

Job Title

Department

ACCOUNT #1

Account type

Checking (attach voided check)

Savings

Other: _____

Deposit Type

Amount \$ _____

Percent % _____

Balance

Bank Routing Number

Account Number

Name of Financial Institution

City

State

ACCOUNT #2

Account type

Checking (attach voided check)

Savings

Other: _____

Deposit Type

Amount \$ _____

Percent % _____

Balance

Bank Routing Number

Account Number

Name of Financial Institution

City

State

I authorize Southeastern University to automatically credit my account(s) as indicated above. I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account. Furthermore, I understand that this authorization is non-negotiable and non-transferable.

Signature

Date