

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, but not to exceed the amount of error. Furthermore, I understand that this authorization is non-negotiable and non-transferable.

Signature

Date