



THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Graduate Medical Education

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

Employee Name: _____ Employee ID # _____ Monthly:

Last First MI

Primary Account	_____	_____	_____	_____	Checking <input type="checkbox"/>
	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Savings <input type="checkbox"/>

Secondary Account	_____	_____	_____	_____	Checking <input type="checkbox"/>
	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Savings <input type="checkbox"/>
	Fixed Dollar Amount: \$ _____				

Travel Account	_____	_____	_____	_____	Checking <input type="checkbox"/>
	Name of Bank or Financial Inst.	City, State	Bank Routing #	Bank Acct #	Savings <input type="checkbox"/>

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