



Please read **THOROUGHLY** before signing

This Authorization Agreement **REPLACES** previously filed Authorization Agreements

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL CHECKS

Direct deposit of University of South Alabama Payroll checks is a part of our automated payroll system. Upon your direction, the Payroll Office can deposit your check directly into any bank that is a member of the National Automated Clearing House Association (NACHA).

NOTE: Receipt of this form must meet current Payroll deadlines. Payroll calendars with deadlines may be found at <http://www.southalabama.edu/financialaffairs/payrollaccounting/calendar.html>

▶ Name _____ J Number _____

▶ Work Location _____ Social Security # (optional) _____

I hereby authorize the University of South Alabama to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries made in error to my checking and/or savings account as indicated below. I also authorize the depositories named below to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits on a per pay period basis before writing checks against these funds and that the University of South Alabama is not responsible for bank errors or bank fees.

This authority is to remain in full effect until the University of South Alabama has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of the University of South Alabama's or the financial institution's termination of this agreement.

I understand that a new authorization agreement must be completed if I change or close my account(s) listed below or change financial institutions. If any action taken by me results in non-acceptance of the direct deposit by my financial institution, I understand the University of South Alabama assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

▶ Signature _____ Date _____

Please register your preference on the form below and return it to your Payroll Office.

<input type="checkbox"/> Please deposit my check as follows:	
*** Please note that this direct deposit form will be applied to all pay frequencies. ***	
Deposit to :	<input type="checkbox"/> Checking (A VOIDED CHECK MUST ACCOMPANY THIS AGREEMENT)
	<input type="checkbox"/> Savings (Documented proof of account ownership required)
Bank	_____
Account	_____
AND / OR	
Deposit to :	<input type="checkbox"/> Checking (A VOIDED CHECK MUST ACCOMPANY THIS AGREEMENT)
	<input type="checkbox"/> Savings (Documented proof of account ownership required)
Bank	_____
Account	_____
Dollar Amount	_____

NOTE: This information will also be used for direct deposit of any payments made through Accounts Payable. If you prefer your banking information NOT be changed in the University's Accounts Payable system, please contact Accounts Payable, office AD260 or call 414-8097. In order to notify you of direct deposits initiated as payment, please provide an e-mail address for our notification e-mail.

E-Mail Address : _____