



**Authorization Agreement for Direct Deposit
Expense Reimbursements and Payments**

INSTRUCTIONS

1. PLEASE PRINT ALL INFORMATION LEGIBLY
2. Please sign and date this form. Omission of Signature will delay processing.
3. Scan, mail or fax completed form to the address, fax number or email indicated at the bottom of this page.
4. Notify **ACCOUNTSPAYABLE@augusta.edu** of any account changes or account closings.

PARTICIPANT INFORMATION

First Name	Last Name
Six-digit PeopleSoft Employee ID# or Last 4 of SSN/EIN	Daytime Telephone Number (including Area Code)
Email address to receive payment advices	

Please note that emailed payment advices will not be available until our financials system upgrade in November 2017.

BANK INFORMATION

Check ONLY one: Set-up Direct Deposit for:

- Checking
- Savings
- Change Account Information
- Cancel Direct Deposit effective (please enter date) _____

Financial Institution Name	City and State account was opened:
Routing Number (9-digit number on the lower left of check)	Account Number:
	Type of Account (Please check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

AUTHORIZATION

I hereby authorize AUGUSTA UNIVERSITY, to initiate my direct deposit of reimbursed expenses and payments. I understand that if there is an error in my reimbursement that the AUGUSTA UNIVERSITY may retract my direct deposit from my bank account and issue me a corrected check. It is my responsibility to notify the Accounts Payable Department immediately if I have changed or closed my account.

Signature _____ **Date** _____