

## Authorization Agreement for Direct Deposit

## PLEASE ATTACH A VOID CHECK HERE DEPOSIT SLIPS ARE NOT ACCEPTED

## **INSTRUCTIONS**

- 1. PLEASE PRINT ALL INFORMATION LEGIBLY
- 2. Attach a void check if you designate a checking account. **DO NOT SUBMIT A DEPOSIT SLIP**.
- 3. Please sign and date this form. Omission of Signature will delay processing.
- 4. Mail or fax completed form to the address or fax number indicated at the bottom of this page.
- 5. Notify Payroll of any account changes or account closings.

C	Δ	D.	TIC	'ID	ΛN	JT.	IN	FC	)DI	1/1	١т	ION	1
г	- 1	ח	111	11	HΙ	VI	111	IГ	וחו	vir	<b>→</b> I		u.

First Name	Last Name
Six-digit PeopleSoft Employee ID# or Last 4 of SS#	Daytime Telephone Number (including Area Code)

PAY CYCLE Bi-Weekly Monthly

**BANK INFORMATION** 

Check ONLY one: Set-up Direct Deposit for:

Checking (attach void check above)

Savings

**Change Account Information** 

Priority #1 – This is your main account. If you have multiple accounts, the balance of your net pay will be deposited into Priority #1.

Financial Institution Name	Account Number:
Routing Number (9-digit number on the lower left of check)	
	Type of Account (Please check one)
City and State account was opened:	Checking Savings
riority # 2 (Specify a flat amount for your second account)	
Financial Institution Name	
Routing Number (9-digit number on the lower left of check)	Account Number:
City and State account was opened:	
	Type of Account (Please check one)
	Checking Savings
Flat Amount(\$):	

## **AUTHORIZATION**

I hereby authorize Augusta Ur	niversity to initiate my direct deposit. I understand that if there is an
error in my pay then Augusta	University may retract my direct deposit from my bank account and
issue me a corrected check.	It is my responsibility to notify the Payroll Department immediately if I need to change
and/or close my bank account.	
Employee Signature	Date