

# SAMFORD UNIVERSITY

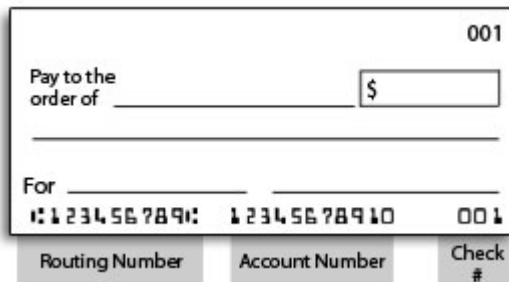
## Human Resources Department

### Authorization Agreement For Direct Deposit Handout # - HR 103

**THIS REQUEST REVISES ALL PREVIOUS DIRECT DEPOSITS**

I (We) hereby authorize Samford University, hereafter called "Company", to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my (our) account indicated below and the depository names below, hereinafter called "Bank", to credit and/or debit the same to such account. I understand that direct deposit is Samford's required method of payment and that the payroll statement will be electronically sent to my Samford University email address. I acknowledge that direct deposits to the designated account(s) must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC).

***Will this deposit be transferred to an account outside the United States? \_\_\_ Yes \_\_\_ No***  
***Should I choose Yes, I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.***  
***Please notify Payroll if your response changes in the future.***



**ATTACH VOIDED CHECK (NOT DEPOSIT SLIP)**

**Bank Name** \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount To Be Deposited in Checking Account \_\_\_\_\_ OR Savings Account \_\_\_\_\_

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**Bank Name** \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount To Be Deposited in Checking Account \_\_\_\_\_ OR Savings Account \_\_\_\_\_

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**Bank Name** \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount To Be Deposited in Checking Account \_\_\_\_\_ OR Savings Account \_\_\_\_\_

**This authority is to remain in full force until Company has received written notification from me (or either of us) of its termination in such time and in such number as to afford Company and Bank a reasonable opportunity to act on it.**

Name: \_\_\_\_\_ SUID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Before writing personal checks drawn on your bank account, verify with your financial institution that deposit was made.***