

# SAMFORD UNIVERSITY

## Human Resources

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT Of Student Payroll

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**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 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.***

001
Pay to the order of _____ \$ _____
For _____
Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 0 0 1
Routing Number      Account Number      Check #

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

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

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

Check one: Checking Account \_\_\_ OR Savings Account \_\_\_

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**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 manner 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.***