



Alabama Agricultural and Mechanical University
Payroll Direct Deposit Enrollment Form

Name: _____

Phone Number: _____

Banner ID: _____

New Employee: (last four digits of SSN) _____

Payroll Type: [] Monthly (Faculty/Staff/Grad Assistant) [] Bi-Weekly Student [] College Work-Study Student

Authorization Agreement

I hereby authorize Alabama Agricultural and Mechanical University to direct deposit (credit) my net pay each payday to the account(s) for the financial institution(s) listed below until I terminate this agreement in writing. A terminated or new agreement shall become effective within the next two pay periods following receipt by the Payroll Department.

In the event that funds are erroneously deposited into my account(s) I authorize Alabama Agricultural and Mechanical University or the depository institution to debit my account(s) for the purpose of correcting the error.

If I am a new employee, I understand there may be a delay in the start of direct deposit until my account information is verified (the verification process normally takes one pay period). I understand it is my responsibility to verify my account balance prior to drawing on my account.

Account Information

Please deposit my check per the allocation indicated below.

Account #1

Percentage: _____

[] Checking [] Savings [] Check here if only changing the percentage Bank/Financial Institution:

Bank/Financial Institution: _____

Account Number: _____ Routing Number: _____

Account #2

Percentage: _____

[] Checking [] Savings [] Check here if only changing the percentage

Bank/Financial Institution: _____

Account Number: _____ Routing Number: _____

PLEASE ATTACH A VOIDED CHECK(S) OR A DIRECT DEPOSIT AUTHORIZATION FORM(S) FROM YOUR FINANCIAL INSTITUTION(S) REGARDING ACCOUNT INFORMATION

Employee Signature: _____

Date: _____