CLARK ATLANTA UNIVERSITY DIRECT DEPOSIT AUTHORIZATION FORM

- Complete this form
- For checking accounts You MUST attach a voided personal check OR a direct deposit authorization form from your bank with account number and bank routing number information. (no handwritten forms accepted.)

 For savings accounts You MUST attach a direct deposit authorization form from your bank with account number and bank

	nformation. (no handwritten leted form to the Human Re	-	•	,		
•	sit should begin within two	•		e your completed form.		
TO BE COMPLETED BY EMPLOYEE						
	☐ Staff ☐ Faculty		Student			
□ New Enrollment		☐ Change Enrollment		Add to Current		
Cancel Enrolln						
	Ba	nk Name				
900						
ID # DAY TIME TELEPHONE NUMBER						
Name - Please print name as it appears on your account			Bank			
Primary	rimary ACCOUNT TYPE			Deposit		
Account	☐ Checking	☐ Saving		100% □ or	Amount \$	
Routing #		1	Account #	<u> </u>		
Is this an international account Yes No						
Name - Please print your name as it appears on your account Bank						
Name - Please print your name as it appears on your account Bank						
Second	ACCOUNT TYPE		•	Deposit		
Account	☐ Checking	☐ Saving		100% □ or	Amount \$	
Routing #		1	Account #			
Is this an international account Yes No						
Name - Please print your name as it appears on your account Bank						
Third	ACCOUNT TYPE			D	Deposit	
Account	☐ Checking	☐ Saving		100% □ or	Amount \$	
Routing #			Account #			
Is this an international account Yes No						
NOTIFY HUMAN RESOURCES IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT						
I hereby authorize Clark Atlar	nta University to initiate credit e	entries and to ini	tiate, if necessa	ary, debit entries and adjusti	ments for any credit entries in	
EMPLOYEE SIGNATURE:			einafter called depository, to credit and/or debit the same as such: DATE:			
The authority is to remain in full force and effect until the university has received written notification from me of its termination in such						
time and in such manner as to afford the university and depository a reasonable opportunity to act on it.						

Entered ______ Validated _____ HR USE ONLY Revised 1/24/2011