

## Alabama State University Authorization Agreement for Direct Deposit

I hereby authorize **Alabama State University** to initiate credit entries to my bank account indicated below and the Banking Institution indicated below to such account. This authority is to remain in effect until Alabama State University has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford **Company** a reasonable opportunity to act on it. If there are any changes in your Bank or account number please come by the Payroll Office to complete an authorization form.

For Checking Accounts attach either a voided check or an authorization form from the Banking Institution.

For Savings Accounts attach an authorization form from the Banking Institution.

Bank Name:			
City:	State:	Zip Code:	
	First Direc	t Deposit	
Bank Routing Number:			
Account Number:			
Amount/Percent:			
	Second Dire	ect Deposit	
Bank Routing Number:			
Account Number:			
Amount/Percent:			
Employee Name:			
		ase Print Clearly)	
CWID #:			
Date:			
Employee Signature:			

Please return this form to the Payroll Office in Councill Hall (CH) Room 335.

To expedite processing, please access HornetsWeb, sign on, elect "Access to ASU Human Resources", click "Self Service", "Payroll and Compensation", then "Direct Deposit".

Note: Please contact Payroll 229-4611 after completing online Direct Deposit information.