



UNIVERSITY OF NORTH ALABAMA

Authorization Agreement for Direct Deposits

Please Print

Employee Name: _____ ID #: _____

****A voided check or savings account verification letter must be attached for each account in order for your request to be processed. If you fail to provide verification, your direct deposit enrollment form may be returned.****

Direct Deposit #1

<input type="checkbox"/> New Request	<input type="checkbox"/> Checking	<input type="checkbox"/> Full Deposit OR
<input type="checkbox"/> Change	<input type="checkbox"/> Savings	\$_____ amount of deposit
<input type="checkbox"/> Cancel Direct Deposit		

Financial Institution Name		

Bank Routing Number	Bank Account Number	

Direct Deposit #2

<input type="checkbox"/> New Request	<input type="checkbox"/> Checking	<input type="checkbox"/> Full Deposit OR
<input type="checkbox"/> Change	<input type="checkbox"/> Savings	\$_____ amount of deposit
<input type="checkbox"/> Cancel Direct Deposit		

Financial Institution Name		

Bank Routing Number	Bank Account Number	

Direct Deposit #3

<input type="checkbox"/> New Request	<input type="checkbox"/> Checking	<input type="checkbox"/> Full Deposit OR
<input type="checkbox"/> Change	<input type="checkbox"/> Savings	\$_____ amount of deposit
<input type="checkbox"/> Cancel Direct Deposit		

Financial Institution Name		

Bank Routing Number	Bank Account Number	

I hereby authorize UNA and the above selected financial institution(s) to deposit my pay automatically to my account(s) indicated above. I want funds deposited to the account(s) indicated on the attached blank check that has been marked "VOID." By signing this statement, I also allow UNA or my financial institution to debit transactions to my account if wages are erroneously deposited into my account.

Signature

Date