



Authorization for Direct Deposit

PLEASE ATTACH A VOIDED CHECK

(Print Name)

(SS# or A#)

I hereby authorize and instruct The University of Alabama in Huntsville, to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below in the deposit instructions. The financial institution and UAHuntsville reserve the right to correct any erroneous deposit by a corresponding withdrawal. The employee will be notified in advance of any such withdrawal.

Deposit Instruction Options

OPTION 1

100% to (please check only one) Checking Savings

Account Number: _____

Financial Institution/Routing #: _____

OPTION 2

Please deposit a portion of my check into one of the following and the remainder into: (If remainder is checked, no amount is needed)

Checking Savings (check one) Check here if only Changing Amount

Amount: \$ _____ Account#: _____

Financial Institution/Routing #: _____

 Checking Savings Remainder (check one) Changing Amount

Amount: \$ _____ Account#: _____

Financial Institution/Routing #: _____

 Checking Savings Remainder (check one)

Account#: _____

Financial Institution/Routing #: _____

● Check here if ONLY temporarily turning off direct deposit on file. Do not complete any other part of this form.

Signature (required): _____ **Phone:** _____ **Date:** _____ **Email:** _____

I understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under authorization will be subject to all rules, regulations, agreements, and disclosure statements of UAH and the Institution governing accounts and preauthorized transfers to and from accounts.