



UNIVERSITY OF SOUTH ALABAMA/USA HEALTHSYSTEM

PAYROLL DIRECT DEPOSIT FORM

650 Clinic Drive

TRP III, Suite 1300

*** Please note that this direct deposit form will be applied to all pay frequencies***

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL CHECKS

Direct deposit of University of South Alabama Payroll checks is a part of our automated payroll system. Upon your direction, the Payroll Office can deposit your check directly into any bank that is a member of the National Automated Clearing House Association (NACHA).

Name _____ J Number _____

Employee Title _____

I hereby authorize the University of South Alabama to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries made in error to my checking and/or savings account as indicated below. I also authorize the depositories named below to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits on a per pay period basis before writing checks against these funds and that the University of South Alabama is not responsible for bank errors or bank fees.

This authority is to remain in full effect until the University of South Alabama has received written notification from me of its termination in such time and matter as to afford a reasonable opportunity to act on it, or until I have been notified of the the University of South Alabama's or the financial institution's termination of this agreement.

I understand that a new authorization agreement must be completed if I change or close my account(s) listed below or change financial institutions. If any actions taken by me results in non-acceptance of the direct deposit by my financial institution. I understand the University of South Alabama assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

Signature _____ Date _____

NEW

CHANGE

NEW EMPLOYEES COMPLETE SECTION 2 ONLY

Section 1: CURRENT DIRECT DEPOSIT ACCOUNT INFORMATION

Deposit to: Checking (Voided check required) Savings (Documented proof of account ownership required)

Bank Name _____

Routing Number _____ Account Number _____

AND (IF APPLICABLE)

Deposit to: (Checking (Voided check required) Savings (Documented proof of account ownership required)

Bank Name _____ Dollar Amount to this account _____

Routing Number _____ Account Number _____

Section 2: NEW DIRECT DEPOSIT ACCOUNT INFORMATION

Deposit to: () Checking (Voided check required) () Savings (Documented proof of account ownership required)

Bank Name _____

Routing Number _____ Account Number _____

AND (IF APPLICABLE)

Deposit to: (Checking (Voided check required) Savings (Documented proof of account ownership required)

Bank Name _____ Dollar Amount to this account _____

Routing Number _____ Account Number _____

Apply these changes to: () Payroll () Accounts Payable (example: travel reimbursements, supply reimbursements, etc.)

Note: Due to timing delays, these changes may not be applied to Accounts Payable banking information immediately. If it is imperative that this change be made in Accounts Payable, it is the employee's responsibility to contact Accounts Payable. To change direct deposit for Student Accounting, please contact the office of Student Accounting.

E-Mail Address: _____