



ALABAMA STATE UNIVERSITY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize **ALABAMA STATE UNIVERSITY**, hereinafter called **COMPANY** to initiate credit entries to my **CHECKING ACCOUNT** indicated below and the Banking Institution indicated below to such account. This authority is to remain in effect until the **COMPANY** 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.

BANK NAME _____

CITY _____ STATE _____ ZIP CODE _____

BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____

**(PLEASE ATTACH A VOID CHECK WITH THIS
AUTHORIZATION)**

NAME(S) _____
(PLEASE PRINT CLEARLY)

SS NUMBER _____ DATE _____

EMPLOYEE SIGNATURE _____

**PLEASE RETURN THIS FORM TO THE PAYROLL OFFICE IN
COUNCIL HALL (CH) ROOM 14**