



**DIRECT DEPOSIT ENROLLMENT FORM**

**EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYER NAME:**  
\_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize UAS and the Financial Institution named below, to initiate deposits (ACH credit entries) to my Account. I also authorize UAS and the Financial Institution to initiate, if necessary, any debit entries and adjustment in order to recover any salary to which I was not entitled, which was deposited to the account in error or by mistake. This means of recovery shall not prevent UAS from utilizing any other lawful means to retrieve salary payments to which I am not entitled.*

**NAME OF FINANCIAL INSTITUTION:**  
\_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_

**Transit/ABA # (9 digits):**  
\_\_\_\_\_

(If a checking account, the number is located on the bottom, far left of the check. If savings, please contact your bank for the number.)

***Please only provide account numbers that you wish to use direct deposit for:***

**Checking Account # (up to 17 characters):**  
\_\_\_\_\_

**Savings Account #:**  
\_\_\_\_\_

I hereby give authorization to deposit the following funds to this account (check one):

- } Fixed amount of \$ \_\_\_\_\_ into the above **Checking Account**
- } Fixed amount of \$ \_\_\_\_\_ into the above **Savings Account**

(If you are putting your entire paycheck into one account, please write "ALL" on the corresponding line. If you are dividing your paycheck between your checking and savings accounts, please write a dollar amount on one of the lines, and "REMAINDER" on the other line.)

Please attach a voided check from your checking account and documentation from your savings account showing the account number and transit number. (You may have to contact your bank to get this documentation.)

*This authorization is to remain in effect until UAS receives a written notification from me to terminate it. Upon receipt of notification to terminate this authorization, UAS and the Financial Institution shall have a reasonable time and opportunity to act on it.*

\_\_\_\_\_  
Account Holder Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions, please call the HR Director at 442-2632, or stop by at UAB 232.