

# UNIVERSITY of MONTEVALLO

## Authorization Agreement for Direct Deposit

I hereby authorize University of Montevallo, hereinafter called "UM," to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) indicated below and the depository(ies) named below, hereinafter called "Bank", to credit and/or debit the same to such account(s). I understand that direct deposit is UM's required method of payment and that the payroll statement will be sent electronically to my UM email address. I acknowledge that direct deposits to the designated account(s) must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC).

Will this deposit be transferred to an account outside the United States?  Yes  No

Should I choose "Yes," I understand that any electronic payments remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.

Requests for changes to direct deposit allocations should be reported to:  
Faculty & Staff - Human Resources; Student Workers - Student Employment Office

001

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

For \_\_\_\_\_

⑆ 234567890 ⑆ 234567890 ⑆ 001 ⑆

Routing Number      Account Number      Check #

**PLEASE ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM IF YOU DO NOT HAVE A VOIDED CHECK, ATTACH A SCREENSHOT FROM YOUR BANK'S WEBSITE OR OTHER DOCUMENTATION FROM YOUR BANK TO CONFIRM YOUR ACCOUNT AND ROUTING NUMBER (ALL DIGITS MUST BE VISIBLY SEEN)**

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This is a checking account.  This is a savings account.

I also authorize to have any refund checks resulting from my student account to be deposited to the account above.

**This authorization will remain in full force until UM has received written notification of its termination. Requests for changes to direct deposits require 7 days for processing.**

Student Employees' Name: \_\_\_\_\_ M#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before writing checks drawn on your bank account, verify with your financial institution that sufficient funds are available.**