

AUBURN UNIVERSITY

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT of Payroll Checks

(Contact Procurement & Payment Services concerning direct deposit of travel reimbursements)

Name	Banner ID #
Account Number	Checking Savings

I hereby authorize Auburn University 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 indicated above. I also authorize the depositories named above 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 Auburn University is not responsible for bank errors or bank fees.

This authority is to remain in full effect until Auburn University has received written notification from me of its termination in such time and manner as to afford reasonable opportunity to act on it, or until I have been notified of Auburn University'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 or change financial institutions. If any action taken by me results in non-acceptance of the direct deposit by my financial institutions, I understand Auburn University assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

Signature _____

Date _____

NOTE: A voided check which bears the bank routing number and account number must be attached with the submission of this authorization agreement.

Attach voided check here