

# UNIVERSITY of MONTEVALLO

## Authorization for Payroll 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 and Staff - Human Resources; Student workers - Payroll.

Pay to the order of _____ \$ _____		001
For _____		
⑆ ⑆ 23456789⑆	⑆ 23456789⑆	00⑆
Routing Number	Account Number	Check #

PLEASE ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM

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

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

Amount To Be Deposited in Checking Account \$ \_\_\_\_\_ OR Savings Account \$ \_\_\_\_\_

\*\*\*

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

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

Amount To Be Deposited in Checking Account \$ \_\_\_\_\_ OR Savings Account \$ \_\_\_\_\_

\*\*\*

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

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

Amount To Be Deposited in Checking Account \$ \_\_\_\_\_ OR Savings Account \$ \_\_\_\_\_

This authorization will remain in full force until UM has received written notification from me of its termination in such time as to afford UM and Bank a reasonable opportunity to act on it.

Name: \_\_\_\_\_ M#: \_\_\_\_\_

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

Before writing checks drawn on your bank account, verify with your financial institution that sufficient funds are available. Employees should contact the Business Office to arrange for the direct deposit of reimbursements paid through Accounts Payable.