

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
Of Student Payroll**

THIS REQUEST REVISES ALL PREVIOUS DIRECT DEPOSITS

I (We) hereby authorize Samford University, hereafter called "Company", to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my (our) account indicated below and the depository names below, hereinafter called "Bank", to credit and/or debit the same to such account. I understand that the payroll statement will be electronically sent to my Samford University email address.

| | |
|--|----------|
| John Q. Public 0000 Main Street Somewhere, USA 12345 | 0001 |
| Pay to the Order of _____ | \$ _____ |
| S A M P L E | |
| Main Street Somewhere, USA for 123456789 98765432 | |

Routing # Account #

ATTACH VOIDED CHECK (NOT DEPOSIT SLIP)

Bank Name _____

If out of state bank, include bank telephone number: _____

Routing Number _____ Account Number _____

Check one: Checking Account _____ OR Savings Account _____

This authority is to remain in full force until 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 and Bank a reasonable opportunity to act on it.

Name: _____ Social Security #: _____

Signature: _____ Date: _____

Before writing personal checks drawn on your bank account, please verify that deposit was made by inquiring with your financial institution.