

SAMFORD UNIVERSITY

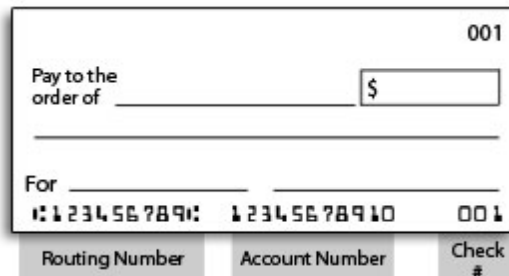
Accounting and Financial Services Authorization Agreement for Direct Deposit

THIS REQUEST REVISES ALL PREVIOUS SUBMISSIONS TO ACCOUNTING (NOT PAYROLL)

I 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 account indicated below and the depository names below, hereinafter called "Bank", to credit and/or debit the same to such account. I understand that direct deposit is Samford's preferred method of payment for expense reimbursements. 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 that may be 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.

Please notify Accounting if your response changes in the future.



ATTACH VOIDED CHECK (NOT DEPOSIT SLIP)

Bank Name _____

Routing Number _____ **Account Number** _____

___ Checking Account OR ___ Savings Account

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

Name: _____ **SUID:** _____

Signature: _____ **Date:** _____

Before writing a personal check drawn on your bank account, verify with your financial institution that deposit was made and funds are available for withdrawal.