

SAMFORD UNIVERSITY

Human Resources Department

Authorization Agreement For Direct Deposit Handout # - HR 103

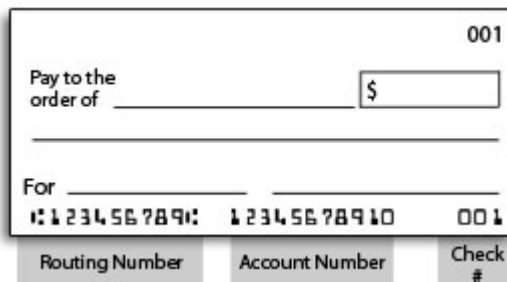
THIS REQUEST REVISES ALL PREVIOUS DIRECT DEPOSITS

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 direct deposit is Samford's required method of payment and that the payroll statement will be electronically sent to my Samford University 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).

Check one of the following:

I affirm that the entire payment amount is not subject to being transferred to a foreign bank account.

I affirm the entire payment amount is subject to being transferred to a foreign bank account. 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.



ATTACH VOIDED CHECK (NOT DEPOSIT SLIP)

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 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 number as to afford Company and Bank a reasonable opportunity to act on it.

Name: _____ Social Security # or SUID: _____

Signature: _____ Date: _____

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