

**ALABAMA SOUTHERN COMMUNITY COLLEGE
AUTHORIZATION AGREEMENT
AUTOMATIC DIRECT DEPOSITS (ACH CREDITS)**

Date: _____

I _____ hereby authorize Alabama Southern Community College, hereinafter called the COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

_____ **Checking account,** _____ **Savings account**

indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same account. Additionally, documentation (deposit slip, voided check, etc.) has been attached to verify account number and routing number. **If using a deposit slip for verification, please make sure it shows the bank's routing number. Voided check preferred.**

Depository (Bank) Name: _____

Branch Location: _____

City: _____ **State:** _____ **Zip:** _____

Bank Phone Number: (____)- _____

Routing/Transit/ABA Number: _____

Account Number: _____

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

Social Security Number: XXX-XX- _____

Print Name: _____

Signature: _____

It is the responsibility of the applicant to furnish all required information needed to begin direct deposit. Incomplete forms will be returned to the applicant. **The College must immediately be notified of any changes made by the employee regarding the information above in order to prevent a delay in processing the employee's pay.**

Attach a voided check here: