

# The University of Alabama - Agreement for Direct Deposit

(This form allows split direct deposits to three accounts.)

Please print.

Employee Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

CWID: \_\_\_\_\_ and/or SS#: \_\_\_\_\_

I hereby authorize The University of Alabama to direct deposit (credit) my net pay to the account(s) and financial institution(s) listed below. The University of Alabama may make such deposition each payday, until I terminate this agreement in writing, in which case such notification shall become effective following receipt by The University of Alabama and a reasonable opportunity to act on it.

In the event that funds are erroneously deposited into my account(s) I authorize the University of Alabama or the depository institution to debit my account(s) for the purpose of correcting the error.

If I am a new employee, I understand there will be a delay in the start of direct deposit until my account information is verified (the verification process normally takes one pay period). I understand it is my responsibility to verify my account balance prior to drawing on my account.

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**Please Deposit My Net Pay to the Following Account(s). Please attach a voided check for each account.**

**Note: Voided checks are not required for savings accounts.**

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## Account # 1

(check one) New Employee  Add  Change Amount  Cancel  (check one) Checking  Savings

Bank/Financial Institution Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Note: The amount in one account must indicate remaining balance. (Partial \$ Amount or Balance)

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## Account # 2

(check one) New Employee  Add  Change Amount  Cancel  (check one) Checking  Savings

Bank/Financial Institution Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Note: The amount in one account must indicate remaining balance. (Partial \$ Amount or Balance)

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## Account # 3

(check one) New Employee  Add  Change Amount  Cancel  (check one) Checking  Savings

Bank/Financial Institution Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Note: The amount in one account must indicate remaining balance. (Partial \$ Amount or Balance)

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

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Please return form to:  
HR Service Center – G-69 Rose  
Box 870364  
(205) 348-7732