Authorization Agreement for Direct Deposit

The University of West Georgia can only deposit funds to an account that bears the employee's name. The employee's name must be on the voided check that is attached to this form.

Your first payment after completing this form will be a paper check, and the next payment should be directly deposited into your account(s).

SSN: _____ Name: _____

I hereby authorize the University of West Georgia to initiate electronic credits of my net pay and/or corrections to previous credits to my account at the following bank. *I understand that it is my responsibility to insure that the funds have been deposited; and if not, will notify Human Resources immediately.*

New Account <u>One</u>: ____**Checking** ____**Savings** **Attach Voided Check**	**Account To Be Discontinued** **Financial Institution** _____ **Account Number** _____
New Account <u>Two</u>: ____**Checking** ____**Savings** **Attach Voided Check** Specify Dollar Amount for Account Two $ _____	**Account To Be Discontinued** **Financial Institution** _____ **Account Number** _____
New Account <u>Three</u>: ____**Checking** ____**Savings** **Attach Voided Check** Specify Dollar Amount for Account Three $ _____	**Change <u>Amount Only</u>** **Financial Institution** _____ **Account Number** _____ **New Amount** **$** _____ **Effective Date** _____ ____**Checking** ____**Savings**
Date _____ **Signature** _____	