



DIRECT DEPOSIT AUTHORIZATION

Payroll

Type of Request: New Change

Name: _____

Phone #: _____ Dept #: _____

S.S. #: _____ Employee #: _____

This will authorize Armstrong Atlantic State University to direct deposit my paycheck to my personal bank account(s).

1st Financial Institution: _____

Type of Account: Checking Savings

Amount to be deposited: _____ OR Entire Paycheck

2nd Financial Institution: _____

Type of Account: Checking Savings

Balance of Paycheck

Signature: _____ Date: _____

Attach Voided Check for Checking Account

Or

Direct Deposit Slip for Savings Account (obtained from financial institution)

Place form along with attachment in drop box located in the Administration building or mail form and attachment to:

Armstrong Atlantic State University
Payroll Services – Direct Deposits
11935 Abercorn Street
Savannah, GA 31419-1997

Allow 30 days for processing and pre-noting.

Office Use Only

Routing #: _____ Account #: _____

Pre-Noted Date: _____