

AUBURN UNIVERSITY EMPLOYEE TRAVEL

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Contact Payroll concerning direct deposit of paychecks)

(Please type or print legibly)

Name: _____	Banner ID: _____
Dept/Unit: _____	E-mail: _____
Campus Address: _____	Campus Phone: _____

I hereby authorize Auburn University Procurement and Payment Services to initiate credit entries for direct deposit of my travel and/or other expense reimbursements and, if necessary, debit entries to adjust for any credit entries made in error to my bank account. I also authorize my financial institution to credit and/or debit the same to such account.

This authority is to remain in full effect until Auburn University Procurement and Payment Services has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of Auburn University's or the financial institution's termination of this agreement.

I understand that a new authorization agreement must be completed if I change or close my account or change financial institutions. If any action taken by me results in non-acceptance of the direct deposit by my financial institution, I understand Auburn University assumes no responsibility for processing replacement travel and/or other expense reimbursements until the funds are returned to the University by my financial institution.

Signature: _____ **Date:** _____

NOTE: A voided check which bears the bank routing number and account number must be attached with the submission of this authorization agreement.

After completion and approvals, please return this form along with a voided check to:
Procurement and Payment Services, 311 Ingram Hall.

For more information regarding Direct Deposit, call Procurement and Payment Services,
844-7771 (4-PPS1).