



DIRECT DEPOSIT AUTHORIZATION

Payroll

Type of Request: New Change

Name: _____

Phone #: _____ Dept #: _____

S.S. # (Last 4 Digits Only): _____ Employee #: _____

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

1st Financial Institution: _____

Type of Account: Checking Savings

Amount to be deposited: _____ OR Entire Pay

2nd Financial Institution: _____

Type of Account: Checking Savings

Balance of Pay

Signature: _____ Date: _____

*Attach Voided Check for Checking Account
Or*

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

Return completed form and attachment to:
Armstrong Atlantic State University
Payroll Services – Direct Deposits
Room 155 - Burnett Hall
11935 Abercorn Street
Savannah, GA 31419-1997

Allow 30 days for processing and pre-noting.

Office Use Only

Bank Routing #: _____ Bank Account #: _____

P/S Bank #: _____ P/S Bank Account #: _____

Pre-Noted Date: _____