

**CLARK ATLANTA UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION FORM**

- Complete this form
- **For checking accounts - You MUST attach a voided personal check OR a direct deposit authorization form from your bank with account number and bank routing number information. (no handwritten forms accepted.)**
- **For savings accounts – You MUST attach a direct deposit authorization form from your bank with account number and bank routing number information. (no handwritten forms accepted.)**
- Return the completed form to the Human Resources Department
- Your direct deposit should begin within two pay periods after we receive your completed form.

TO BE COMPLETED BY EMPLOYEE

☐ New Enrollment ☐ Staff ☐ Faculty ☐ Student
☐ Change Enrollment ☐ Add to Current
☐ Cancel Enrollment _____

Bank Name _____

900 _____

ID # _____

DAY TIME TELEPHONE NUMBER _____

Name - Please print name as it appears on your account		Bank	
Primary Account	ACCOUNT TYPE		Deposit
	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving	100% <input type="checkbox"/> or Amount \$
Routing #		Account #	
Is this an international account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name - Please print your name as it appears on your account		Bank	
Second Account	ACCOUNT TYPE		Deposit
	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving	100% <input type="checkbox"/> or Amount \$
Routing #		Account #	
Is this an international account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name - Please print your name as it appears on your account		Bank	
Third Account	ACCOUNT TYPE		Deposit
	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving	100% <input type="checkbox"/> or Amount \$
Routing #		Account #	
Is this an international account <input type="checkbox"/> Yes <input type="checkbox"/> No			

****NOTIFY HUMAN RESOURCES IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT****

I hereby authorize Clark Atlanta University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

EMPLOYEE SIGNATURE: _____ **DATE:** _____

The authority is to remain in full force and effect until the university has received written notification from me of its termination in such time and in such manner as to afford the university and depository a reasonable opportunity to act on it.