



Employee Direct Deposit Authorization

Deposit Type: Payroll Expense Reimbursements

Account Type: Checking Savings

Payroll Disbursement: Percentage: _____ % Amount: \$ _____

Attach a voided check here.

I do hereby authorize Athens State University to automatically deposit funds into my bank account. I also authorize Athens State University, if necessary, to reverse any entries made in error. I understand the expense reimbursements may only go into one account. I have attached a voided check with my printed bank number and account number.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____