



Authorization Agreement for Direct Deposit

The University of West Georgia can only deposit funds to an account that bears the employee's name. Please attach a voided check or other official banking information issued by your financial institution.

Name: _____ SSN: _____

ATTACH VOIDED CHECK(S) HERE

Account #1

Checking Savings Pay Card

_____ % Flat Amount \$ _____

Primary Account #: _____

Account #2

Checking Savings Pay Card

_____ % Flat Amount \$ _____

Secondary Account #: _____

Account To Be Discontinued

Checking Savings Pay Card

_____ % Flat Amount \$ _____

Discontinued Account #: _____

By signing below, I hereby authorize The University of West Georgia to initiate electronic credits of my net pay and/or corrections to previous credits to my account(s). *I understand that it is my responsibility to insure that the funds have been deposited; and if not, will notify Human Resources immediately. I understand that this authorization will continue until otherwise directed in writing.*

Employee Authorization Signature

Date