Accounts Payable Authorization For Direct Deposit

int Name)	(A#)
nail address)	
	Alabama in Huntsville, (UAH) to deposit the amount of each checking and/or savings account indicated in the amounts indicated
The financial institution and UAH reserve the right. The employee will be notified in advance of any statements.	nt to correct any erroneous deposit by a corresponding withdrawal.
eposit Instructions	
Please deposit the full amount of my check into:	
Checking Savings (che	eck one)
Account Number	
Routing Number	
Financial Institution	
Institution Address	
City	State Zip
or accounts to which such automatic deposits a I understand that I can cancel this authorization at My cancellation will become effective when the U	unt) or a preprinted deposit slip (if savings account) for the account to be made. any time. To cancel, I must give written notice to UAH. JAH Office of Accounts Payable receives my notice of cancellation ch to act on it. All automatic deposits to or withdrawals from
my account or accounts by UAH up until that time	e will be authorized by this authorization
I further understand that all automatic deposits and	d credits to or withdrawals and debits from my account or
accounts under this authorization will be subject to of UAH and the Institution governing accounts and	o all rules, regulations, agreements, and disclosure statements d preauthorized transfers to and from accounts.
Campus Location: Dept/Building/Room:	Phone #:
Signature:	Data
	Date

Please return this form along with a voided check:
The University of Alabama in Huntsville
Accounts Payable
301 Sparkman Drive SKH 241
Huntsville, AL 35899
For more information, call (256) 824-2251