

THE UNIVERSITY OF ALABAMA

Agreement and Authorization for Payroll Debit Card Direct Deposit

Employee Name (please print): _____

CWID: _____

Address: _____

Contact Phone Number: _____

Check one: Paid Bi-weekly Paid Monthly

I hereby authorize The University of Alabama to direct deposit (credit) my net pay to a payroll debit card (the "Card") as directed below. The University of Alabama shall make such deposit each payday that I am due compensation until I terminate this Agreement in writing, in which case such termination shall become effective following receipt by The University of Alabama in such a time and manner to afford it a reasonable opportunity to act on said termination. Likewise, I acknowledge that The University of Alabama may discontinue use of the Card for payroll at any time, and an alternate form of payment will be made to me.

In the event funds are erroneously deposited onto my Card, I authorize The University of Alabama or the depository institution to debit my Card for the purpose of correcting the error.

I understand it is my responsibility to verify my Card balance prior to drawing on my Card, and to abide by the terms and conditions governing my use of the Card.

Check one: New setup Change existing setup Cancel existing setup

I authorize The University of Alabama to direct deposit to the Card \$ _____ / _____ %* each payday.

**Must indicate a dollar amount for a partial net pay deposit, and must indicate 100% for a full net pay deposit. In the event the dollar amount listed exceeds the net pay due to me, The University of Alabama will deposit only my full net pay.*

Employee Signature: _____

Date: _____

Please return form to:
Human Resources Service Center
G-64 Rose Administration Building
Box 870128
(205) 348-7732