



ATLANTA METROPOLITAN STATE COLLEGE

DIRECT DEPOSIT
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

DATE SUBMITTED: _____

EMPLOYEE NAME: _____

EMPLOYEE ID NUMBER: _____

I hereby authorize Atlanta Metropolitan State College to initiate, modify or discontinue debit entries to my account with the depository named below.

DEPOSITORY INSTITUTION NAME: _____

ACCOUNT TYPE: _____

PERCENT OR AMOUNT TO DEPOSIT: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

**ATTACH A COPY OF A VOIDED CHECK FROM YOUR ACCOUNT TO THIS FORM.
PLEASE NOTE THAT PROCESSING THIS REQUEST WILL TAKE APPROXIMATELY 30 DAYS.**

This authorization is to remain in full effect until Atlanta Metropolitan State College has received written notification of its termination in such time and manner as to afford AMSC and Depository a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

FOR HUMAN RESOURCES USE ONLY

HR SIGNATURE _____

DATE KEYED IN SYSTEM _____