

SurePay Authorization

Please complete and return this form to your payroll department. Be sure to include your voided check.

NAME _____

SOCIAL SECURITY NUMBER _____

NAME OF YOUR FINANCIAL INSTITUTION _____

CITY _____ STATE _____

ACCOUNT NUMBER

Checking _____

Savings _____

EMPLOYER NAME Abraham Baldwin College

I authorize you and the Financial Institution listed to deposit my net pay automatically to my account each payday and to initiate adjustments, if necessary, for any entries made in error to my account. This authority will remain in effect until I have cancelled in writing.

SIGNATURE _____

DATE _____

ATTACH VOIDED CHECK HERE