

UNIVERSITY SYSTEM OF GEORGIA
SHARED SERVICES CENTER
Direct Deposit Authorization Form

Employee Name: _____ SSN (Last 4 digits): _____

Abraham Baldwin Agricultural College
Institution Affiliation

Email

Account #1

Checking Savings

_____ % Flat Amount \$ _____

Bank Routing Number / Primary Account #: _____

Account #2

Checking Savings

_____ % Flat Amount \$ _____

Bank Routing Number / Secondary Account #: _____

By signing below, I authorize Payroll to direct deposit my paycheck to the bank account(s) listed above. I understand that this authorization will continue until otherwise directed in writing.

Employee Authorization Signature

Date

ATTACH VOIDED CHECK(S) HERE: