



Alabama Agricultural and Mechanical University
Student Direct Deposit Enrollment Form

Name: _____ Phone: _____

Banner ID: _____ New Employee: _____

Request Type: New Change Termination

Authorization Agreement

I hereby authorize Alabama Agricultural and Mechanical University to direct deposit (credit) my excess financial aid funds to the account(s) for the financial institution(s) listed below until this agreement is terminated in writing.

In the event that funds are erroneously deposited AAMU or the depository institution is hereby authorized to debit the account for the purpose of correcting the error.

I acknowledge that

The receipt of funds should be verified before making disbursements or withdrawals from my account
AAMU assumes no liability for bank errors, bank fees or overdrafts.
Deposit rejections will not be reprocessed until funds have been re-deposited into AAMU's account.
A new authorization must be completed when changing accounts or financial institutions, or when closing the account

I certify that the information provided on this form is correct and that I am authorized to execute this document.

Account Information

Please deposit my check as indicated below.

Checking Savings

Bank/Financial Institution: _____

Routing Number: _____ Account Number: _____

NOTE: Attach a voided check for checking accounts OR savings deposit slip for savings account.

Authorized Signature: _____ Date: _____

Return this form to:

AAMU

PO Box 1388, Normal, AI 35762

Ph: (256) 372-5202 Fax (256) 372-5192

