



Direct Deposit Authorization Form

SOUTHERN ALABAMA AHEC

312 N. Miranda Ave,

Georgiana, AL 36033

Mail: PO Box 755

iparveg@saahec.org

Name on Account: _____

Mailing Address: _____

Name of Bank: _____

Account #: _____

9-digit Routing #: _____

Amount: \$ _____ or % _____

Type of Account: Checking Savings

Attach a voided check for your bank account to which funds should be deposited.

Southern Alabama AHEC is hereby authorized to deposit my pay directly to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature _____ **Date** _____