

**AMERICAN UNIVERSITY OF BEIRUT  
 COMPTROLLER'S OFFICE  
 PAYROLL SECTION  
 BANK TRANSFER AUTHORIZATION FORM**

I, The Undersigned Authorize the Payroll Section to Transfer my Monthly Salary to the Mentioned Bank Account

FAMILY NAME	FIRST NAME	ID NO.	CONTACT NO.
			PHONE
<b>BANK NAME</b>		<b>BANK BRANCH</b>	
		SIGNATURE	
DATE	PROCESSED BY / DATE		