

**DIRECT DEPOSIT AUTHORIZATION FORM**

*Directions:* To enroll in Direct Deposit please complete this authorization form and attach to it a blank voided check. *If you are depositing your check into one account, you need to only complete the 1<sup>st</sup> Bank info below.*

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

<b>Attach Voided Check Here for New or Additional Deposit</b>	<b>1<sup>st</sup> Bank Name:</b> _____	<b>2<sup>nd</sup> Bank Name:</b> _____	
	Account Number: _____	Account Number: _____	
	Routing #: _____ <i>(The routing # is the first 9 digits at the bottom of your check)</i>	Routing #: _____ <i>(The routing # is the first 9 digits at the bottom of your check)</i>	
	Type of Account (check (√) one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account (check (√) one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Amount of Deposit (check (√) one): <input type="checkbox"/> Entire Check <input type="checkbox"/> \$ _____ Per Pay Period	Amount of Deposit (check (√) one): <input type="checkbox"/> Entire Check <input type="checkbox"/> \$ _____ Per Pay Period	
Please indicate Reason for Change (√ all that apply): <input type="checkbox"/> New Direct Deposit <input type="checkbox"/> Stopping Direct Deposit <input type="checkbox"/> Adding Another Bank or Account <input type="checkbox"/> Changing Amount to be Deposited		Please indicate Reason for Change (√ all that apply): <input type="checkbox"/> New Direct Deposit <input type="checkbox"/> Stopping Direct Deposit <input type="checkbox"/> Adding Another Bank or Account <input type="checkbox"/> Changing Amount to be Deposited	

**Would you like to receive paperless payroll statements using the HR Web?**     Yes     No

I hereby authorize Mount Saint Mary's University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated above and the depository named below to credit and/or debit the same to such account.

This authority is to remain in effect until Mount Saint Mary's receives written notification from me of its termination in such time and in such manner as to afford Mount Saint Mary's University a reasonable opportunity to act upon it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: The acceptance of this Authorization is subject to University review and may be cancelled due to default, insolvency, bankruptcy, or death.*

\*\*\*\*\***(For Payroll Use Only)**\*\*\*\*\*

Date Entered \_\_\_\_\_

Effective Pay Date \_\_\_\_\_