Direct Deposit Pay Distribution Authorization

For use at MSU campuses in Bozeman, Billings, Great Falls and Havre If submitted to HR/PP by the 20th of the month, direct deposit will be activated on the following payroll.

Name:_____

	Last	First		MI	
Dep	artment		Phone No.		
Emp	loyee I.D. (GID) or Social Sec	curity Number:			
that if I change bank servi effect until changed in writ available for print out at E I hereby authorize MSU to	derstand that my net pay will ces, I must inform the Payroll ing or I terminate employmer mployee Self Service/MYINFO distribute my pay as indicate	Department about at MSU. I further on my campus web d herein.	any changes understand site.	5. This authoriza	tion will remain in
				for each sheeldin	
	tion(s) with a maximum of th posit slip (for each savings ac				g, NOW, or snare
#1 Financial Institution	Voided Check or Deposit S	lip			Dollar Amount or Percent of Pay to Deposit
					Checking Acct Savings Acct
#2 Financial Institution	Voided Check or Deposit S	lip			Dollar Amount or Percent of Pay to Deposit
					 Checking Acct Savings Acct
#3 Financial Institution	Voided Check or Deposit S	lip			Dollar Amount or Percent of Pay to Deposit
					□ Checking Acct
					Savings Acct
-	eposit: tion of Direct Electronic Depos				_
MSU Administrative Use Only	Date of Test Entry Date of Inactivated DD				