

# Direct Deposit Pay Distribution Authorization

For use at MSU campuses in Bozeman, Billings, Great Falls and Havre

For Bozeman payroll: Submit forms to HR by the 20th of the month in order to activate direct deposit for the following payroll.

## ALL FIELDS MUST BE COMPLETED FOR THE FORM TO BE PROCESSED

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee I.D. (GID) or Social Security Number: \_\_\_\_\_

With **Direct Deposit**, I understand that my net pay will be deposited in the bank account(s) as shown below. I understand that if I change bank services, I must inform the HR Department about any changes. This authorization will remain in effect until changed in writing or I terminate employment at MSU. I further understand that my paystub will now be available for print out at Employee Self Service/MYINFO on my campus website.

I hereby authorize MSU to distribute my pay as indicated herein.

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

Complete the following section(s) with a maximum of three accounts. A voided check (for each checking, NOW, or share draft account) and/or a deposit slip (for each savings account) **must** be securely attached to this form

#1 Financial Institution Voided Check or Deposit Slip

Dollar Amount or  
Percent of Pay to  
Deposit

- \_\_\_\_\_
- Checking Acct  
 Savings Acct

#2 Financial Institution Voided Check or Deposit Slip

Dollar Amount or  
Percent of Pay to  
Deposit

- \_\_\_\_\_
- Checking Acct  
 Savings Acct

#3 Financial Institution Voided Check or Deposit Slip

Dollar Amount or  
Percent of Pay to  
Deposit

- \_\_\_\_\_
- Checking Acct  
 Savings Acct

## Cancellation of Direct Deposit ONLY:

**Cancellation of Direct Deposit ONLY:**  
I hereby authorize cancellation of Direct Electronic Deposit of my net pay for the above bank account(s):

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