



# Authorization for Payroll Direct Deposit

Enrolling in Payroll Direct Deposit ensures your paycheck will be deposited into your designated bank account and available to you at the open of business on payday (11<sup>th</sup> of each month, or if the 11<sup>th</sup> lands on a holiday or weekend, the first working day before). **Enrolling is easy!**

**Complete this form** and submit to the Office of Human Resources, PO Box 172520, Bozeman, MT 59717-2520 by the 20<sup>th</sup> of the month in which you would like Direct Deposit to begin, **or**

**Last name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Employee Banner ID (GID) or Social Security Number:** \_\_\_\_\_

**Employing Department Name:** \_\_\_\_\_ **Department Phone number:** \_\_\_\_\_

With Payroll Direct Deposit, I understand that my net pay will be deposited in the bank account(s) as shown below. I understand if I change bank services, I must inform the MSU Office of Human Resources about any changes. This authorization will remain in effect until changed in writing or I terminate employment with Montana State University. I further understand that my paystub will now be available at Employee Self Service/MYINFO on my campus website.

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

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

Complete the following section(s) indicating a maximum of 3 accounts. Attach a voided check (for each checking, NOW, or share-draft account) and/or a deposit slip for each savings account. These documents must be securely attached to this form.

**Financial institution #1:** \_\_\_\_\_  
(attach voided check or deposit slip)

Dollar Amount or  
Percent of Pay to Deposit  
 Checking Acct  
 Savings Acct

**Financial institution #2:** \_\_\_\_\_  
(attach voided check or deposit slip)

Dollar Amount or  
Percent of Pay to Deposit  
 Checking Acct  
 Savings Acct

**Financial institution #3:** \_\_\_\_\_  
(attach voided check or deposit slip)

Dollar Amount or  
Percent of Pay to Deposit  
 Checking Acct  
 Savings Acct

*See reverse of form for cancellation authorization*

## To Cancel Direct Deposit

I hereby authorize Montana State University to cancel my Payroll Direct Deposit to any/all bank accounts on the first available payroll following the date provided below.

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

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

Employee Banner ID (GID) or Social Security Number: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department Phone number: \_\_\_\_\_