###

 **Authorization for Payroll Disbursement**

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

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

**Employing Department Name: 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. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At Montana State University, employees have the option of having their checks a) physically mailed or b) direct deposited. This form clarifies your preferred method, and the most updated address or account information.

1. To have your check *physically mailed*, enter the most current mailing address below:

 Street Address or PO Box City State Zip Code Date

 **OR**

### Enrolling in *direct deposit* ensures your paycheck will be deposited into your designated bank account and available to you at the open of business on payday (11th of each month, or if the 11th lands on a holiday or weekend, the first working day bef ***Enrolling is easy!***

ore).

**Complete this form** and submit to the Office of Human Resources, PO Box 172520, Bozeman, MT 59717-2520 by the 20th of the month prior to which you would like Direct Deposit to begin (submit by 6/20 for the 7/11 payroll).

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 Name**: Dollar Amount or

S T A P L E

H E R

E

# (attach voided check or deposit slip) Percent of Pay to Deposit

* Checking Acct
* Savings Acct

**Financial institution #2 Name:** Dollar Amount or

# (attach voided check or deposit slip) Percent of Pay to Deposit

* Checking Acct
* Savings Acct

**Financial institution #3 Name:** Dollar Amount or (attach voided check or deposit slip) Percent of Pay to Deposit

# Checking Acct

* Savings Acct

***See reverse of form for cancellation authorization***

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

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

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

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**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.**

*Rev. 03/2019*