

DIRECT DEPOSIT AUTHORIZATION FORM

Directions: To enroll in Direct Deposit please complete this authorization form and attach to it a blank voided check.

Mail form to: Melissa Gladhill, Dept. of HR, Mt. St. Mary's University, 16300 Old Emmitsburg Road, Emmitsburg, MD 21727 ☐☐

Employee Name: _____

Social Security Number: _____

<i>Attach Voided Check Here for New or Additional Deposit</i>	1st Bank Name: _____ Account Number: _____ Routing #: _____ Type of Account (check (√) one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount of Deposit (complete 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	2nd Bank Name: _____ Account Number: _____ Routing #: _____ Type of Account (check (√) one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount of Deposit (complete 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
	3rd Bank Name: _____ Account Number: _____ Type of Account (check (√) one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount of Deposit (complete 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	4th Bank Name: _____ Account Number: _____ Type of Account (check (√) one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount of Deposit (complete 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

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 _____