**UM EMPLOYEE AUTHORIZATION FOR ELECTRONIC DIRECT DEPOSIT OF PAYROLL WAGES**

[ ]  **New direct deposit** [ ]  **Change to an existing direct deposit** [ ]  **Cancellation of deposit**

I authorize the University of Montana-Missoula to deposit my wages to my account(s) indicated below and I authorize the depository (ies) below to accept my payroll deposit and credit the amount(s) to my account(s). If available, attach a **VOID** check.

**Employee Name**:       **UM ID**:

 **OR SOCIAL SECURITY NUMBER**

**Bank #1** [ ]  Checking [ ]  Savings $Amount, % or Entire

|  |
| --- |
|  Bank Name:       |
|  City:       State:        |
|  FRB Routing Number:       Account Number:       |

**Bank #2** [ ]  Checking [ ]  Savings Amount $/or Entire

|  |
| --- |
|  Bank Name:       |
|  City:       State:        |
|  FRB Routing Number:       Account Number:       |

This authority is to remain in effect until the University of Montana receives written notification from me to cancel or, after a period of time, upon termination of employment.Pay will continue to be issued via check until routing/account numbers have been verified by your bank. Please contact your bank to verify funds HAVE deposited. The University of Montana is NOT responsible for charges due to insufficient funds. **Please bring completed form and valid ID to** **UM-Human Resource Services, 32 Campus Drive, Lommasson Center, Room 252, Missoula, MT 59812**. **Questions?** Call 406-243-6451.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work phone**:       **Home/Cell phone**:

|  |  |
| --- | --- |
| **Office Use Only:** | **ID Verified by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |
| --- |
|  Bank Name:       |
|  City:       State:        |
|  FRB Routing Number:       Account Number:       |

**Bank #2** [ ]  Checking [ ]  Savings Amount $/or Entire

|  |
| --- |
|  Bank Name:       |
|  City:       State:        |
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|  |  |
| --- | --- |
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