

Purpose: This form must be completed to receive direct deposit of your pay. Please list all accounts to which you would like your pay distributed.

Employee Information

Employee's Name: _____ Pay Frequency: Monthly Biweekly

Dept. Phone Ext: _____ Email: _____

I request that my pay be deposited in the following account:

Financial Institution Name	Branch Name	IBAN #	Swift Code	Account Type

Note: Banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN account number is provided in the account number line. For example, Qatar IBAN numbers are 29 digits in the following format: QAKK QNBA 0000 0000 1234 123456 123.

I hereby authorize Carnegie Mellon University, either directly or through its payroll service provider, to deposit my net pay each payroll period into the account(s) at the financial institution(s) indicated above. I agree to hold harmless Carnegie Mellon against any loss sustained by me by reason of direct deposit of my net pay into the above identified accounts. In the event that Carnegie Mellon deposits funds erroneously into my account, I authorize Carnegie Mellon, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. Direct deposit will commence with the FIRST regular paycheck following receipt and confirmation of this agreement.

You must verify that the correct amount has been deposited before withdrawing any money from your account. Termination of this agreement MUST be made by written notification to HR Services, 4516 Henry Street, or at our email address: hr-help@andrew.cmu.edu.

Printed Employee's Name

Signature of Employee

Date

Department Name

Campus Work Address

Qatar Payroll Division Use

Processed: _____

Review: _____

Submit form to the Qatar Payroll Office.