

**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. Attach all necessary documentation as noted below.

### Employee Information

Employee's Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Pay Frequency:      Monthly      Biweekly

**I request that my pay be deposited in the following account(s):**

**Note: If you are participating in split pay, you may only use 2 U.S. bank accounts.**

*Employees may designate up to three bank accounts for deposit of their payroll funds.\**

	Name of Financial Institution	Bank Account Number	Account Type	Amount or % of Pay
1.				
2.				
3.				Remaining Balance*

**Note:** Remaining balance of pay will automatically be deposited into last account selected.\*  
You must notify Payroll immediately if you close any bank account listed above.

**FOR CHECKING ACCOUNTS, A BLANK VOIDED CHECK MUST BE ATTACHED TO THIS FORM. DEPOSIT TICKETS ARE NOT ACCEPTABLE.**

**FOR SAVINGS ACCOUNTS, PLEASE ASK YOUR FINANCIAL INSTITUTION TO COMPLETE THIS FORM AND PROVIDE A VALID TRANSIT ROUTING NUMBER TO PROCESS THE TRANSACTION.**

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.

**Updated: 11.27.2023**