

AUTHORIZATION FOR DIRECT DEPOSIT

Social Security Number _____ - _____ - _____

Pay Frequency

Employee Name: _____

Monthly

I request that my pay be deposited at:

Biweekly

Name of Financial Institution

DEPOSIT TO (may select up to two accounts):

Account Type

First Account Number: _____

Checking

Amount \$ _____ .00

Savings

Name of Second Financial Institution

Second Account Number: _____

Checking

Amount \$ BALANCE

Savings

****REMAINING BALANCE OF PAY WILL AUTOMATICALLY BE DEPOSITED INTO SECOND ACCOUNT****

Name(s) on Account: _____

YOU MUST NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE YOUR BANK ACCOUNT

***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 the direct deposit of my net pay by Carnegie Mellon University each payroll period to the account(s) and Financial Institution indicated above. I agree to indemnify Carnegie Mellon against any loss sustained by me by reason of such action. In the event that Carnegie Mellon deposits funds erroneously into my account, I authorize Carnegie Mellon to debit my account for an amount not to exceed the original amount of the credit. Direct deposit will commence with the SECOND regular paycheck following receipt and confirmation of this agreement. Any changes or corrections made to the direct deposit will produce a check, then the following pay period the direct deposit will resume.

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 Payroll Services, Suite 108 UTDC, or at our email address: payroll @andrew.cmu.edu.

Signature _____ Date _____

Department Name _____ Dept. Phone Ext. _____

Campus Work Address _____