



## Payroll Direct Deposit Authorization Form

Complete the required information, attach bank document, sign and return hard copy to  
**Financial Services & Payroll, McMullen Hall Room 309**

I hereby authorize MSU Billings to distribute my pay as indicated herein.

- With Direct Deposit, I understand that all of my net pay will be deposited in the bank account(s) as shown below. This authorization will remain in effect until MSU Billings receives written notice from me to cancel or change this authorization or I terminate employment at MSU Billings.
- I understand that a zero dollar test to validate my bank account information is required and it may take up to 30 days for authorization to take effect.
- I understand that if I change bank services, I must inform the Payroll Department of any changes.
- I further understand that a pay stub detail report will be available through My Info under Employee Services and Pay Information

Name: *(Last)* \_\_\_\_\_ *(First)* \_\_\_\_\_ *(MI)* \_\_\_\_\_

Department you work for: \_\_\_\_\_ Phone No: \_\_\_\_\_

MSUB ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIRED INFORMATION TO:

**Add** – You may deposit into a maximum of three accounts. Please Attach a voided check containing your preprinted name for each account OR a letter from your bank that contains your name and banking information.

**Cancel or Change** – The bank account number of the account you wish to cancel or change must be included on this form.

Add, Cancel or Change	Bank Routing #	Bank Account #	Dollar Amount or Percent of Pay	Checking or Savings	Banking Info Attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**MSUB Financial Svc Use Only:**

Date of Test Entry: \_\_\_\_\_ Date of Active Status: \_\_\_\_\_  
 Date of Inactivated DD: \_\_\_\_\_ Date of Change Existing DD: \_\_\_\_\_  
 Controller Verification & Approval \_\_\_\_\_