

Midwestern State University

Employee Direct Deposit Authorization



INSTRUCTIONS

- Use Only Blue or Black Ink ● Alterations Must Be Initialed

TRANSACTION TYPE

| | |
|-----------|--|
| Section 1 | <input type="checkbox"/> New Setup <input type="checkbox"/> Change <input type="checkbox"/> Cancel |
|-----------|--|

EMPLOYEE IDENTIFICATION

| | | | | |
|-----------|--|--|-------|----------|
| SECTION 2 | Mustangs ID M | Social Security Number _ _ - _ _ - _ _ _ _ | | |
| | Name | Phone Number () | | |
| | Mailing Address | City | State | ZIP Code |
| | I authorize Midwestern State University to send payment notification to the email address designated below. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure. | | | |
| | Email Address <i>(For Direct Deposit Statement)</i> | | | |

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

| | |
|-----------|---|
| SECTION 3 | Will these payments be forwarded to a financial institution outside the United States ? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | I authorize Midwestern State University to deposit my payments from MSU to my financial institution electronically. I understand that Midwestern State University will reverse any payments made to my account in error. I further understand that MSU will comply at all times with the National Automated Clearing House Association's rules. |
| | Signature _____ Date _____ |

FINANCIAL INSTITUTION *(Voided Check or Direct Deposit Information Form from financial Institution recommended)*

| | | | | | |
|---|---|---|-----------------------------|---------------------------|--|
| SECTION 4 | Name of Bank | City Where Account Opened | State | | |
| | Routing Transit Number | Customer Account Number | | | |
| | Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Priority No <small>Payroll Use Only</small> | \$\$ Amount To Be Deposited | or Percentage 100% If All | |
| | Secondary Account - If Depositing To Multiple Accounts | | | | |
| | Name of Bank | City | State | | |
| | Routing Transit Number | Customer Account Number | | | |
| Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Priority No <small>Payroll Use Only</small> | \$\$ Amount To Be Deposited | or Percentage 100% If All | | |

CANCELLATION

| | |
|-----------|----------------------------|
| SECTION 5 | Reason |
| | Signature _____ Date _____ |

PAYING STATE AGENCY *(Payroll Use Only)*

| | | |
|-----------|------------|---|
| SECTION 6 | Entered By | Prenote <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Comments | Date |