Midwestern State University

Employee Direct Deposit Authorization



INSTRUCTIONS

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

115	ANSACTION TYPE									
Section 1		New Setup	Char	nge	Cance	el				
EN	IPLOYEE IDENTIFICATION							_		
	Mustangs ID M	_		Social S	ecurity Numbe	er	- -			
SECTION 2	Name			Phone Num	ber		<u> </u>			
	Mailing Address			City				itate ZIP Code		
SEC	I authorize Midwestern State University to send payment notification to the email address designated below. I understand that notifications may include payment informaiton that is considered confidential and therefor exempt from public disclosure.									s may
	Email Address (For Direct Deposit St				-	•				
AU	ITHORIZATION FOR SETUP, CHA									
SECTION 3	Will these payments be forwarded to a financial institution outside the United States ? YES 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.									
0)	Signature					Date				
FINANCIAL INSTITUTION (Voided Check or Direct Deposit Information Form from financial Institution recommended)										
	VANCIAL INSTITUTION (Voided C	heck or Direct Depo	osit Inforr	mation Forr	n from finan	cial Institu	tion rec	omme	ended)	
	NANCIAL INSTITUTION (Voided Control Name of Bank	Check or Direct Depo	osit Inforr		n from finan Account Ope		tion rec		State	
		Check or Direct Depo					tion rec			
	Name of Bank		nt Number			ned				00% If All
4	Name of Bank Routing Transit Number		nt Number	City Where	Account Ope	ned			State	00% If All
4	Name of Bank Routing Transit Number Type of Account Checking Secondary Account - If Depositi	Customer Account	nt Number	City Where	Account Ope	ned	ited or	Perc	State	00% If All
	Name of Bank Routing Transit Number Type of Account Checking	Customer Account	nt Number	City Where	Account Ope	ned	ited or	Perc	State	00% If All
CTION 4	Name of Bank Routing Transit Number Type of Account Checking Secondary Account - If Depositi	Customer Account	Priority Number	City Where	Account Ope	ned	ited or	Perc	State	00% If All
CTION 4	Routing Transit Number Type of Account Checking Secondary Account - If Depositi Name of Bank Routing Transit Number Type of Account	Customer Accoun Savings ing To Mutiple Accoun	Priority N unts at Number	City Where	\$\$ Amount To	ned o Be Deposi	ted or	Perc	State	
CTION 4	Name of Bank Routing Transit Number Type of Account Checking Secondary Account - If Depositi Name of Bank Routing Transit Number	Customer Account Savings ing To Mutiple Accou	Priority N unts at Number	City Where O Payroll Use Only City	\$\$ Amount To	ned o Be Deposi	ited or	Perc	State entage 10 State	
SECTION 4	Routing Transit Number Type of Account Checking Secondary Account - If Depositi Name of Bank Routing Transit Number Type of Account	Customer Accoun Savings ing To Mutiple Accoun	Priority N unts at Number	City Where O Payroll Use Only City	\$\$ Amount To	ned o Be Deposi	ted or	Perc	State entage 10 State	
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