

For Payroll Use Only

Student _____

Regular _____

Supplemental _____

MISSOURI STATE UNIVERSITY™

Authorization Form for Direct Deposit of Payroll

(DO NOT USE for Direct Deposit of Financial Aid. Click [HERE](#) to sign up Direct Deposit of Financial Aid)

Complete Online at <https://www.secure.missouristate.edu/payroll/empinfomenu.asp>

Print Name - Last _____ First _____ Middle _____ Social Security Number _____ Telephone No. _____

1. Attach a voided **check** for each account.
2. The financial institutions chosen will remain in effect until a new authorization is submitted by the employee.
3. To cancel the Secondary Account, check "Cancel." The Primary Account cannot be canceled, only changed.

All summer school and supplemental pay will be deposited in the Primary Account. If your net pay is less than the amount designated in the Secondary Account, the entire net pay will be deposited in the Primary Account.

<u>Primary Account</u>		<u>Secondary Account</u>	Cancel _____
Bank, Credit Union or Savings & Loan		Bank, Credit Union or Savings & Loan	
Routing & Transit No.		Routing & Transit No.	
Account No.	Type of Account (Check One) Checking Savings	Account No.	Type of Account (Check One) Checking Savings
If an amount is designated for deposit to the "Secondary Account," the balance will be deposited to this Primary Account.		Amount to be deposited to this account must be indicated. \$	

TAPE VOIDED CHECK(S)

Authorization Statement

I hereby authorize Missouri State University to deposit my net pay amount to my checking and/or savings account(s) at the financial institution(s) named above. I agree that if any funds are deposited in error to my account, the university may recover such funds directly from my account. This authority will remain in effect until I have signed a new authorization.

Employee Signature

Date

Any change must be received in Payroll 23 days prior to your next pay date.

DO NOT CLOSE YOUR ACCOUNT UNTIL ALL CHANGES ARE VERIFIED.