University of Missouri

DIRECT DEPOSIT

Authorization and Order For Payroll Check Direct Deposit in Financial Institution

Effective Date	Employee ID Number	Employee Name (Last, First, Middle Initial)

Home Address (Street, City, State, Zip Code)

The Treasurer of University of Missouri is hereby authorized to deposit my pay into my account identified as and held at the financial institution identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number. **I have attached a blank voided check (for deposits to checking account) or deposit slip (for deposits to savings account) solely for the purpose of verifying my account number and the financial institution's transit number. The voided check or savings deposit form must include the employee's name preprinted on the form. If this is not the case the employee must sign the voided check or savings deposit form to indicate that this is the account their University pay should be deposited into.**

Please sign and date the form and return it to Human Resources. Please allow 10 - 14 days for this to become effective.

Employee's Signature	Date

CHECK ONE OF THE FOLLOWING:	TYPE OF ACCOUNT	TYPE OF ACCOUNT
☐ Send statement of earnings to my campus office address at: _____	☐ Checking	Financial Institution Name _____
☐ Send statement of earnings to my home/mailing address. (NOTE: Do not check this option if you have a campus office address)	☐ Savings	Financial Institution Address _____
		City _____ State _____ Zip _____

FOR PAYROLL DEPARTMENT USE ONLY

Transit Number	Account Number

UM 32B (FEB 10) 2/17/10