Direct Deposit Request

☐ **New direct deposit** ☐ **Change to an existing direct deposit** ☐ **Cancellation of deposit**

I authorize the University of Montana-Missoula to deposit my wages to my account(s) indicated below and I authorized the depository (ies) below to accept my payroll deposit and credit the amount(s) to my account(s). (Please attach a **VOID** check).

Employee Name: _____ **UM ID Number**: _____
(or Social Security #)

Bank #1 ☐ Checking ☐ Savings $Amount, % or Entire

Bank Name:	
City:	State:
FRB Routing Number:	Account Number:

Bank #2 ☐ Checking ☐ Savings Amount $/or Entire

Bank Name:	
City:	State:
FRB Routing Number:	Account Number:

This authority is to remain in full force and effect until the University of Montana receives written notification from me to cancel, or after a period of time upon termination of employment. Your pay will continue to be issued via check until routing/account numbers from your authorization form have been verified (pre-noted) by your bank. Typically, your direct deposit will be active on the second paid date after initiating this process. Please contact your bank to verify funds HAVE deposited. The University of Montana is NOT responsible for charges due to insufficient funds. Please return to **UM-Human Resource Services, 32 Campus Drive, Lommasson Center, Room 252, Missoula, MT 59812**. **Questions????** Call Human Resource Services at 406-243-6451.

Signature _____ **Date**_____

Work phone: _____**Home/Cell phone**: _____