



Employee Name: _____

Employee/Student ID #: _____ Contact Phone Number: _____

NOTE: Requests must allow sufficient time for processing and bank pre-notification, and will not be effective for your next pay date. Late requests may result in two checks being issued prior to direct deposit or deposit to an already established account.

Employee may select up to four separate accounts. Complete the account designation boxes (up to 4) including routing and account numbers, for all new and existing direct deposit accounts. Please enter the account with the smallest amount first and the account which will have the Balance of Net Pay last. This form overrides (replaces) all prior designations.

***If you are eligible for an Expense Reimbursement (business-related costs, travel-related costs such as airfare, etc.) from Montclair State University, your Balance of Net Pay account will be used to deposit funds.**

Checking Account: Attach a voided check or a Direct Deposit Authorization form from your bank for new accounts only.

Savings Account: Attach documentation from financial institution for new accounts only.

Account Information

Account # 1 ☐ Existing ☐ Adding ☐ Canceling ☐ Checking ☐ Savings

Bank Name: _____

Routing # (9 digits) _____ Account # _____

Select one: ☐ Specific Amount \$ _____ **or** ☐ Balance of Net Pay

Account # 2 ☐ Existing ☐ Adding ☐ Canceling ☐ Checking ☐ Savings

Bank Name: _____

Routing # (9 digits) _____ Account # _____

Select one: ☐ Specific Amount \$ _____ **or** ☐ Balance of Net Pay

Account # 3 ☐ Existing ☐ Adding ☐ Canceling ☐ Checking ☐ Savings

Bank Name: _____

Routing # (9 digits) _____ Account # _____

Select one: ☐ Specific Amount \$ _____ **or** ☐ Balance of Net Pay

Account # 4 ☐ Existing ☐ Adding ☐ Canceling ☐ Checking ☐ Savings

Bank Name: _____

Routing # (9 digits) _____ Account # _____

Select one: ☐ Specific Amount \$ _____ **or** ☐ Balance of Net Pay

Authorization Agreement: I hereby authorize the Montclair State University to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and Montclair State University to make the appropriate adjustment(s).

Employee Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____
(If other than employee)