

(Please Type or Print)

Employee CWID _____

Employee Name (Last Name, First Name) _____

()

Home Department _____

Contact Phone _____

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. You will be able to access a detailed Advice of Deposit. Complete the account designation boxes (up to 4) including routing and account numbers, and attach the following required documentation. This form overrides (replaces) all prior designations:

- **Checking Account:** Attach a voided check. (limit of 2 checking accounts)
- **Savings Account:** Attach documentation from financial institution (limit of 2 savings accounts)

ACTION TYPE (pick one)

New Employee Set up

Continuing Employee Change (Change account #, change financial institution, change \$ amt, drop or add account)

Cancel Direct Deposit

IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts, even if only one is changing. Enter the lowest \$ amount first and the highest \$ amount last.

Account #1 Checking Savings
 (Attach voided check) (Attach financial institution documentation)

Bank Name: _____
 Bank Address: _____
 Routing# (9 digits) _____ Account # _____
 Requested amount for this account: (select one)
 Specific Dollar Amount \$ _____ Entire Balance

Account #2 Checking Savings
 (Attach voided check) (Attach financial institution documentation)

Bank Name: _____
 Bank Address: _____
 Routing# (9 digits) _____ Account # _____
 Requested amount for this account: (select one)
 Specific Dollar Amount \$ _____

Account #3 Checking Savings
 (Attach voided check) (Attach financial institution documentation)

Bank Name: _____
 Bank Address: _____
 Routing# (9 digits) _____ Account # _____
 Requested amount for this account: (select one)
 Specific Dollar Amount \$ _____

Account #4 Checking Savings
 (Attach voided check) (Attach financial institution documentation)

Bank Name: _____
 Bank Address: _____
 Routing# (9 digits) _____ Account # _____
 Requested amount for this account: (select one)
 Specific Dollar Amount \$ _____

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: _____
Account Holder Signature: _____
(if other than employee)

Date: _____
Date: _____