



| Employee Name:  |                       |  |  |                                 |
|---|-----------------------|--|--|---------------------------------|
| Employee/Student ID #:  |                       | Contact Phone Number:                  |  |                                 |
| NOTE: Requests must allow sufficient time for two checks being issued prior to direct deposit or Employee may select up to four separate accour   | deposit to an alre    | eady established account.              |  |                                 |
| existing direct deposit accounts. Please enter the overrides (replaces) all prior designations.   |                       |  |  |                                 |
| *If you are eligible for an Expense Reimburse<br>your Balance of Net Pay account will be used   |                       |  | osts such as airfare, etc.) fro        | m Montclair State University,   |
| Checking Account: Attach a voided check or a<br>Savings Account: Attach documentation from fi   | Direct Deposit Aut    | horization form from your bank         | for new accounts only.                 |                                 |
|   | <u>A</u>              | ccount Information                     | 1                                      |                                 |
| Account # 1 _ Existing _Ad  | ding _Canc            | eling                                  | _ Checking                             | _ Savings                       |
| Bank Name:  |                       |  |  |                                 |
| Routing # (9 digits)  | Account #             |  |  | <u> </u>                        |
| Select one: _ Specific Amount \$  | or                    | . Balance of Net Pay                   |  |                                 |
| Account # 2 _ Existing _Ad  | ding _Canc            | eling                                  | Checking                               | _ Savings                       |
| Bank Name:  |                       |  |  |                                 |
| Routing # (9 digits)  | Account #             |  |  | <u></u>                         |
| Select one: _ Specific Amount \$  | or                    | Balance of Net Pay                     |  |                                 |
| Account # 3 _ Existing _Ad  | ding _Canc            | eling                                  | Checking                               | _ Savings                       |
| Bank Name:  |                       |  |  |                                 |
| Routing # (9 digits)  | Account #             |  |  | _                               |
| Select one: _ Specific Amount \$  | or                    | Balance of Net Pay                     |  |                                 |
| Account # 4 _ Existing _Ac  | dding _Cand           | eling                                  | _ Checking                             | _ Savings                       |
| Bank Name:  |                       |  |  |                                 |
| Routing # (9 digits)  | Account #             |  |  | _                               |
| Select one: _Specific Amount \$   | or                    | . Balance of Net Pay                   |  |                                 |
| Authorization Agreement: I hereby authorize the Montclair shave given written notice that I am terminating it, or until my reasonable time for my instructions to be executed. If an inadjustment(s). | employer has notified | d me that this deposit service has bee | n discontinued. I understand that I mu | st give advance notice to allow |
| Employee Signature:   |                       | Date:                                  |  |                                 |
| Account Holder Signature:   |                       | Date:                                  |  |                                 |
| (If other   | er than employed      | e)                                     |  |                                 |