

Direct Deposit Pay Distribution Authorization

For use at MSU-Billings, Bozeman, Great Falls and Northern

The payroll-processing schedule governs when direct deposit can be implemented or changed. Please consult with Payroll Officer to understand timing and/or before closing a direct deposit bank account.

Name: _____
Last First MI

Department _____ Phone No. _____

Employee I.D. (GID) or Social Security Number: _____

With **Direct Deposit**, I understand that all of my net pay will be deposited in the bank account(s) as shown below. I understand that if I change bank services, I must inform the Payroll Department about any changes before accounts are closed. This authorization will remain in effect until changed in writing or I terminate employment at MSU. I further understand that a pay detail report will be available for review and printout through **Employee Self Service** on the campus website.

I hereby authorize MSU to distribute my pay as indicated herein.

Complete the following section(s) with a maximum of three accounts. Please **attach documentation** such as a **voided check that provides routing and account number**. Deposit slips **are not** acceptable for this purpose. Your financial institution will provide documentation if you do not use checks.

#1 Financial Institution Documentation

Dollar Amount or
Percent of Pay
to Deposit

- _____
- Checking Acct
 Savings Acct

#2 Financial Institution Documentation

Dollar Amount or
Percent of Pay
to Deposit

- _____
- Checking Acct
 Savings Acct

#3 Financial Institution Documentation

Dollar Amount or
Percent of Pay
to Deposit

- _____
- Checking Acct
 Savings Acct

Cancellation of Direct Deposit:

I hereby authorize cancellation of Direct Electronic Deposit of my net pay for the above bank account(s):

Signature _____ Date: _____

MSU Administrative Use Only: Date of Test Entry _____ Date of Active Status _____
Date of Inactivated DD _____ Date of Change Existing DD _____