University of Missouri

# DIRECT DEPOSIT

## Authorization and Order For Payroll Check Direct Deposit in Financial Institution

| Effective Date | Your Employee ID Number | Your Name (Last, First, Middle Initial) |
|---|---|---|
| Home Address (Street, City, State, Zip Code) | | |

The Treasurer of University of Missouri is hereby authorized to deposit my pay into my account identified as and held at the financ institution identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number.

| Your Signature | Date |
|---|---|

TYPE OF ACCOUNT

☐ Checking

☐ Savings

Financial Institution Name _____

Financial Institution Address _____

City _____ State _____ Zip _____

Financial Institution Information

Transit Number | | | | | | | | | |

Account Number | | | | | | | | | | | | | | | | | |

Bring this form to your HR office with a valid photo ID for processing. If you are unable to appear in person, notarization of this form is required. Please allow 10-14 days for this to become effective.

Signed in my presence this _____ day of _____, 20_____.

Notary_____

My Commission Expires:

_____

7KH 'LUHFW 'HSRVLW LQIRUPDWLRQ HQWHUHG RQ WKLV SDJH LV XW LQIRUPDWLRQ WKH HPSOR\HH UHWLUHH RU RWKHU XVHU RI WKLV 8QLYHUVLW\ RI 0LVVRXUL +HDOWK &DUH WR XVH WKH GLUHFW GHS