Direct Deposit Pay Distribution Authorization

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

A notice of 30 days may be needed for all implementations or changes.

Name:_____
Last First MI

Department _____ Phone No. _____

Employee I.D. (GID) 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. 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.

Signature: _____ **Date:** _____

Complete the following section(s) with a maximum of three accounts. A voided check (for each checking, NOW, or share draft account) and/or a deposit slip (for each savings account) ***must*** be securely attached to this form.

#1 Financial Institution Voided Check or Deposit Slip

Dollar Amount or Percent of Pay to Deposit

_____

☐ **Checking Acct**

☐ **Savings Acct**

#2 Financial Institution Voided Check or Deposit Slip

Dollar Amount or Percent of Pay to Deposit

_____

☐ **Checking Acct**

☐ **Savings Acct**

#3 Financial Institution Voided Check or Deposit Slip

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_____