

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 financial 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
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TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> 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 WKL V SDJH LV XW
LQIRUPDWLRQ WKH HPSOR\HH UHWHUHH RU RWKHU XVHU RI WKL V
8QLYHUVLW\ RI 0LVVRXUL +HDOWK &DUH WR XVH WKH GLUHFV GHS