



# DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name (Last, First, Middle) <b>Please Print</b>	Employee Number
---------------------------------------------------------	-----------------

**Check One Box**

Initiate payroll direct deposit

Change my current payroll direct deposit

Discontinue payroll direct deposit

**Account Information**

<b>Account #1</b>	<b>Checking Account</b> <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial \$ _____ <input type="checkbox"/> Remainder	<input type="checkbox"/> <b>Savings Account</b> <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial \$ _____ <input type="checkbox"/> Remainder
-------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Financial Institution

Financial Institution Address / Telephone #

Transit / ABA Routing Number	Account Number Information
------------------------------	----------------------------

**Account Information**

<b>Account #2</b>	<b>Checking Account</b> <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial \$ _____ <input type="checkbox"/> Remainder	<input type="checkbox"/> <b>Savings Account</b> <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial \$ _____ <input type="checkbox"/> Remainder
-------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Financial Institution

Financial Institution Address / Telephone #

Transit / ABA Routing Number	Account Number Information
------------------------------	----------------------------

**Account Information**

<b>Account #3</b>	<b>Checking Account</b> <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial \$ _____ <input type="checkbox"/> Remainder	<input type="checkbox"/> <b>Savings Account</b> <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial \$ _____ <input type="checkbox"/> Remainder
-------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Financial Institution

Financial Institution Address / Telephone #

Transit / ABA Routing Number	Account Number Information
------------------------------	----------------------------

**Employee Authorization**

"I authorize Higher Education Consortium of Metropolitan St. Louis to deposit my payroll check into an account(s) at the Financial Institution(s) listed above. Further, I authorize my bank to accept and to credit any credit entries indicated by my employer to my account. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization shall remain in effect until I have cancelled it in writing or upon rejection of deposit by the bank because the account is closed."

**"I understand it is my responsibility to verify that the correct deposit amount has been credited to my account before withdrawing."**

<b>Employee Signature</b>	<b>Date</b>
---------------------------	-------------