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