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			
TYPE OF ACCOUNT				
Checking	Financial Institution Name			
Savings	Financial Institution Address			
	City State Zip			
Financial Institution Information				
Transit Number				
Account Number				
<u></u>				

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:

The Direct Deposit information entered on this page is utilized primarily for payroll purposes. By providing this information, the employee, retiree or other user of this form authorizes the University of Missouri, including University of Missouri Health Care, to use the direct deposit information to issue any payments, refunds or reimbursements which may be due to the user of the form.