



Direct Deposit Authorization Form

University of Massachusetts – Amherst



HR EmplID _____

our EmplID is 8 digits long. Please write your SSN above **only** if you have not yet been paid by the University thus do not have an EmplID. Thank you.

Name _____

Phone _____ Email _____

Action Requested (Check One) Start Direct Deposit Stop Direct Deposit Change (add/delete a bank, increase/decrease fixed amount or select new balance account)

* A change replaces the direct deposit authorization currently on file. Fill in every row of bank information to show how your check should be deposited.

Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account
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If depositing more than one (1) bank, you must choose one Balance Account.



Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account
Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account
Bank Name	Routing # _____ (9 digits) Acct# _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount <input type="checkbox"/> \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this account

I authorized the University of Massachusetts to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the University to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the University cannot issue to funds to me until the funds are returned to the University by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until a(revoked by my written request; or b) immediately following my termination from employment with the University; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify the Payroll Office **before** I close any/all account(s) listed above while this authorization is in effect.

Employee Signature _____ Today's Date _____



Attach a voided check and/or deposit slip for each new account entered above.

Bring or send the completed Authorization form with attached check(s)/deposit slip(s) to:

Human Resources, 3rd floor, Whitmore Administration Building.

Please allow up to five (5) weeks (2 pay cycles) for this authorization to take effect.

Questions? Call the Payroll Office, (413) 545-3761 or 545-0391