

Legal Name (First Name, Last Name): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please write clearly. Note:** the following direct deposit will overwrite all prior direct deposit information on record and you will receive an e-mail confirming when the information has been processed into HR Direct.

Action Requested (check one) <input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change* (add/delete a bank, increase/decrease fixed amount or select new balance acct.)				
Bank Name  _____	Routing #: _____  Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account  Deposit any balance of net pay to this acct.

**If depositing into more than one (1) bank you must choose one Balance Account.**

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

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

I understand 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 reissue 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 replaced by an updated direct deposit authorization.

I understand I must immediately notify University Human Resources before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tips for Completing the Direct Deposit Form

### Action Requested:

- **Start** To initiate your first direct deposit with the University.
- **Change** To add or delete a bank account, increase or decrease a fixed amount, and/or change the Balance Account. Allow at least one (1) payperiod for the change to take effect. A change replaces all direct deposit account information and authorizations on file. Please complete all rows of information.

### Deposit Options:

Your entire net pay must be direct deposited (full or partial payment via check & partial payment via Global Cash Card are not allowed). There are two deposit options available:

1. Deposit 100% of your net pay into one checking or savings account.
2. Assign a fixed dollar amount to go into as many as four (4) different banks with one bank as the Balance Account.

### Account Information

- Please provide the name of each banking institution.
- Routing # - enter the nine digit Electronic/Paper ABA Routing number (NOT the Wire Transfer Routing number).
- Indicate if the account is a checking or savings account

