

Name (Last Name, First Name): Chin Aidan

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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 checked="" type="checkbox"/> Change* (add/delete a bank, increase/decrease fixed amount or select new balance acct.)				
Bank Name HarborOne	Routing #: 211381372 Acct#: 3561434808	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input checked="" type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input checked="" 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: _____

Bring the completed Direct Deposit Authorization form with a picture ID to:
Human Resources, 325 Whitmore Administration Building
Questions? Call the HR Operations Team at 413.545.3761 or 413.545.0391