# Mount Saint Mary's University
## LOS ANGELES

# DIRECT DEPOSIT AUTHORIZATION

**Associates Name:** _____

**Social Security #** _____     **Pay Group (**Office use only)**:**     LMZ  LLY  LMT GCL  GCK

**Please (CHECK ONE):**   __ **BEGIN** direct deposit     ___ **CHANGE** (I am changing Banks or Accounts)

__ **STOP** direct deposit of my paycheck (See Below)

If electing only one account, check the "Total Check" box for that account.  If electing to deposit into two accounts, please be sure to note "Flat Amount" for one account and choose "Remainder of Check" for the remaining funds to be deposited into the other account.  Direct deposit takes effect on the *second* payroll due to the bank requirement (PRE-NOTE) to test the deposit transfer process. ***Please note that a "voided" check must be included with this form. If the account is a savings account, please obtain a letter from your banking institution with appropriate bank account information.***

## 1ST  ACCOUNT

Name of Financial Institution:_____

Checking Account # _____          Attach a **VOIDED CHECK**, NOT A DEPOSIT SLIP

Routing (ABA) #_____

Savings Account #_____          Attach Bank Letter, **NOT A DEPOSIT SLIP**

__ **Total Check**                    **Flat Amount $_____**                    __**Remainder of Check**

## 2ND ACCOUNT

Name of Financial Institution:_____

Checking Account # _____          Attach a **VOIDED CHECK**, NOT A DEPOSIT SLIP

Routing (ABA) #_____

Savings Account #_____          Attach Bank Letter, **NOT A DEPOSIT SLIP**

__ **Total Check**                    **Flat Amount $_____**                    __**Remainder of Check**

### *PLEASE READ AND SIGN BELOW*

**I hereby authorize Mount St. Mary's University or its representative to make all necessary arrangements for this direct deposit request and to deposit my paychecks automatically into the above account(s). I further understand that the direct deposit funds will not be available in my account(s) until PAYDAY. By signing this I also authorize MSMU to make any necessary debits/credits to my account as needed. Any changes must be in writing.**

**Signature:**_____  **Date:**_____

**FOR INTERNAL USE ONLY**

**Processed by:**_____  **Date:**_____