

✓ Attach a voided check or photocopy of a check for checking account.
DO NOT ATTACH A DEPOSIT SLIP.

- Allow 4-5 days for processing after receipt at your campus payroll office. Allowing for processing time, your first check may not be direct deposited. Therefore, it is suggested that you contact your financial institution.
- Verify with your financial institution on your paydate that your direct deposit has gone into effect—the institution name will not appear on your earnings statement.
- Verify the status of your direct deposit record if you have been off the payroll for more than twelve (12) months. Check with your payroll office to make sure of your status.
- If you are only changing departments, you do not need to complete a new form.

Please print

| Check one of the following | Effective Date |
|---------------------------------|--|
| <input type="checkbox"/> Start | <input type="checkbox"/> As Soon As Possible |
| <input type="checkbox"/> Stop | <input type="checkbox"/> Future Paydate |
| <input type="checkbox"/> Change | ____/____/____ |

Social Security Number

Name (Last, First Middle Initial)

**SUBMISSION OF THIS FORM MEANS YOUR ENTIRE
PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION**

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Enter the following information from the bottom of your check:

| ABA Bank Routing Number (Must be 9 numbers) | | | | | | | | | | Account Number | | | | | | | | | | | | | | |
|--|--|--|--|--|--------------------|--|--|--|--|----------------|--|--|--|--|----------------------|--|--|--|--|----------|--|--|--|--|
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| Type of Account | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> Money Market Investment Requires Submission of ACH form from your broker | | | | | | | | | | | | | | | | | | | | | | | | |
| I authorize MP Engineers, P.C. to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize MP Engs to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by MP Engs at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to MP Engs for distribution. This will delay your check. | | | | | | | | | | | | | | | | | | | | | | | | |
| Date (Mo/Day/Yr) | | | | | Employee Signature | | | | | | | | | | Daytime Phone Number | | | | | | | | | |
| Home Address | | | | | Street | | | | | City | | | | | State | | | | | Zip Code | | | | |