



**Direct Deposit Authorization Form
Office of Human Resources
University of Massachusetts Dartmouth**

Name _____	HR Employee ID _____
Last First MI	8-digit ID
SSN <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone _____ E-Mail _____
<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Stop Direct Deposit
<input type="checkbox"/> Change	

Bank Name	Routing # _____ (9 digits) Acct # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Full Deposit <input type="checkbox"/> or Fixed Amount \$ _____
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If depositing to 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"/>	Balance <input type="checkbox"/> or Fixed Amount \$ _____
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Bank Name	Routing # _____ (9 digits) Acct # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Balance <input type="checkbox"/> or Fixed Amount \$ _____
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Bank Name	Routing # _____ (9 digits) Acct # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	Balance <input type="checkbox"/> or Fixed Amount \$ _____
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****** Attach a voided check for each new account entered above ******
***** Please allow up to Three (3) weeks for this authorization to take effect *****

- * I hereby authorize the University of Massachusetts to deposit my net pay as indicated above at the financial institution(s) named above. I understand the University of Massachusetts may cause my account to be adjusted to the extent necessary to correct any over deposit and I agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution.
- * 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 the funds to me until the funds are returned to the University by my financial institution(s).
- * It is understood that I may terminate this agreement at any time by written notification to the University of Massachusetts. Any such notification to the University of Massachusetts shall be effective only with respect to entries initiated by the University after receipt of such notification and reasonable opportunity to act upon it. Any such notification to the bank by the employee is unacceptable. The bank may terminate this agreement by written notice to the employee for just cause.
- * I understand this authorization will override any previous authorization.
- * 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 _____ Date _____