



UNIVERSITY OF MASSACHUSETTS

AMHERST • BOSTON • DARTMOUTH • LOWELL • WORCESTER

AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSITS

Employee Name: _____ Effective Date: _____

Employee ID/SSN Phone

BANK INFORMATION

(Select Balance on Only One Box)

Deposit Priority (1) – Deducts this amount 1st			
New <input type="checkbox"/>	Delete <input type="checkbox"/>	Change Amt \$ _____	<u>Allow Partial Deduction</u> <input type="checkbox"/>
			<u>Full Deposit or Balance</u> <input type="checkbox"/>
_____	_____	_____	_____
Bank Name	Bank No (9digits)	Account No	Check/Sav

Deposit Priority (2) – Deducts this amount 2 nd			
New <input type="checkbox"/>	Delete <input type="checkbox"/>	Change Amt \$ _____	<u>Allow Partial Deduction</u> <input type="checkbox"/>
			<u>Full Deposit or Balance</u> <input type="checkbox"/>
_____	_____	_____	_____
Bank Name	Bank No (9digits)	Account No	Check/Sav

Deposit Priority (3) – Deducts this amount 3rd			
New <input type="checkbox"/>	Delete <input type="checkbox"/>	Change Amt \$ _____	<u>Allow Partial Deduction</u> <input type="checkbox"/>
			<u>Full Deposit or Balance</u> <input type="checkbox"/>
_____	_____	_____	_____
Bank Name	Bank No (9digits)	Account No	Check/Sav

Deposit Priority (4) – Deducts this amount 4th			
New <input type="checkbox"/>	Delete <input type="checkbox"/>	Change Amt \$ _____	<u>Allow Partial Deduction</u> <input type="checkbox"/>
			<u>Full Deposit or Balance</u> <input type="checkbox"/>
_____	_____	_____	_____
Bank Name	Bank No (9digits)	Account No	Check/Sav

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.

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.

EMPLOYEE SIGNATURE _____ DATE _____