



# 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

Please note: It can take up to 2 pay periods for direct deposit to take effect. For these periods you will receive a check.

Paystubs are available through HR Direct Self Service, and can be printed at your convenience.

**If you would like to suppress the printing of your pay advice initial here \_\_\_\_\_**

(Select Balance on Only One Box Below)

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 <sup>nd</sup>			
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 \_\_\_\_\_