



# Direct Deposit of Payroll (DDP) Enrollment/Change

Please Print

Name \_\_\_\_\_  
Last First MI Employee ID (700#)

Check Applicable Box

- New enrollment. Complete entire form and sign. **A voided check or a copy of bank documentation for the routing number and account number verification is recommended.**
- Change of present financial institution(s) and/or accounts(s). Complete entire form and list **all** accounts. Sign form. **A voided check or a copy of bank documentation for the routing number and account number verification is recommended.**

Attach additional forms if more accounts are needed.

**Primary Account (Required)**

- New  Change  No Change

Deposit Destination

- United States  Other - ↓

Provide Country \_\_\_\_\_

\_\_\_\_\_  
Name of Bank/Credit Union

\_\_\_\_\_  
Routing/Transit Number

\_\_\_\_\_  
Account Number

- Checking

- Savings

**Additional Account (Optional)**

- New  Change  No Change  Cancel

Deposit Destination

- United States  Other - ↓

Provide Country \_\_\_\_\_

\_\_\_\_\_  
Name of Bank/Credit Union

\_\_\_\_\_  
Routing/Transit Number

\_\_\_\_\_  
Account Number

- Checking

- Savings

\$ \_\_\_\_\_

Amount

**Additional Account (Optional)**

- New  Change  No Change  Cancel

Deposit Destination

- United States  Other - ↓

Provide Country \_\_\_\_\_

\_\_\_\_\_  
Name of Bank/Credit Union

\_\_\_\_\_  
Routing/Transit Number

\_\_\_\_\_  
Account Number

- Checking

- Savings

\$ \_\_\_\_\_

Amount

I understand direct deposit of my earnings is an employment stipulation at the University of Central Missouri and authorize the deposit of my earnings each pay date directly to my account(s) at the financial institution(s) indicated above. If funds to which I am not entitled are deposited in my account(s), I authorize the University to initiate a correcting entry. Any previous agreement will apply to all employee rehires and departmental transfers unless written notification is received. **I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed.** The University will not be held liable for deposit of earnings to accounts previously closed when timely written notification has not been received in a timely manner. All future payments will be received electronically per this agreement.

**As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I agree to immediately notify the Office of Payroll Services should I receive my payroll via direct deposit at a U.S. bank and then have the entire payroll amount forwarded to a bank in another country.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Contact Phone Number

1. Please include all information (First Name, Last Name, and Employee ID).
2. Be sure to check the appropriate box pertaining to whether or not this is a new enrollment or a change to an existing account. **A voided check or a copy of bank documentation for the routing number and account number verification is recommended.** Please do not provide a deposit slip for a checking account or a deposit receipt for a savings account.
3. The Primary Account is the account that is credited with the balance of net pay after deposits are made to the Additional Account(s).
4. The Additional Account(s) are not required, but rather an option where an employee may choose to deposit a fixed amount into another account. Leave this section blank if not exercising this option.
5. When entering account information be sure to include your Bank/Credit Union Name, Deposit Destination, Routing/Transit Number, Account Number, and whether it is a Checking/Savings Account.
6. The Routing/Transit Number is a nine-digit number and is noted with the number 1. It is generally on the lower left hand corner of the check. The information on the deposit slip is not always accurate. The Account Number is noted with the number 2. **Please contact your financial institution** if you are unsure about this information. If you use a debit card, **do not enter** the number from the card as this is not the actual account number.

NAME OF DEPOSITOR STREET ADDRESS CITY, STATE			101
PAY TO THE ORDER OF: _____		_____ 19	\$ [ ]
			DOLLARS
NAME OF YOUR BANK Payable Through Another Bank			
For _____			
:021001082:	123 456 789	0101	
ROUTING NUMBER 1	ACCOUNT NUMBER 2	CHECK NUMBER	

7. Please be sure to sign and date the form, and leave a number where you can be reached.