

AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

I hereby authorize and request the University of Maine System, hereinafter called UNIVERSITY, to make payment of any amounts owing to me for payroll by initiating credit entries to my account indicated below in the bank name below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries and adjusting entries initiated by UNIVERSITY to such account and to credit the same to such account without responsibility for the correctness thereof.

	me: (Please Print)			
Employee Type: (Circle One) Biweekly Staff / Student / Monthly Paid			Social Security Number	
#1 Bank Name			#2 (Optional) Bank Name	
Bank Address:	(City)		Bank Address:	(City)
	(State/Zip)			(State/Zip)
Circle One:	New Employee / Changing Depos	sit	Circle One:	New Employee / Changing Deposit
	Start Date:			Start Date:
Circle One:	Checking / Savings		Circle One:	Checking / Savings
Routing Numbe	r		Routing Number	r
Account Number		Account Number	er	
Amount to Depo	osit:% of net pay or \$		Amount to Dep	osit:% of net pay or \$
Finding Your	Routing and Account Num Routing Number	Account Number		234
	ng and account number are pri ir account, your financial inst			cks as shown above. If you do not have ng number
•	• •			
Direc			s to verify acc	count accuracy. It may take up to 2 weeks interim may be issued as a check.
Direct after A state	data entry for this process	to complete. Any pay	s to verify acc issued in the	
Direct after A star Empl It is understood UNIVERSITY such modificate	tement of your pay will not loyee Self Service*. d that this agreement may be Y. Notice to BANK is not adde	to complete. Any pay be printed. Statemen terminated or modified equate and may not rest e effective only with re	s to verify accissued in the ts can be view I by me at any alt in a change	interim may be issued as a check.

^{*} Access MaineStreet at http://mainestreet.maine.edu Accounts can be activated at the IT Help Center, 581-2506.