

# University of Missouri DIRECT DEPOSIT

## Authorization and Order For Payroll Check Direct Deposit in Financial Institution

Effective Date	Your Employee ID Number	Your Name (Last, First, Middle Initial)
Home Address (Street, City, State, Zip Code)		

The Treasurer of University of Missouri is hereby authorized to deposit my pay into my account identified as and held at the financial institution identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number.

Your Signature	Date
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<b>TYPE OF ACCOUNT</b>  <input type="checkbox"/> Checking  <input type="checkbox"/> Savings	Financial Institution Name _____  Financial Institution Address _____  City _____ State _____ Zip _____
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### Financial Institution Information

Transit Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>																					
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Bring this form to your HR office with a valid photo ID for processing. If you are unable to appear in person, notarization of this form is required. Please allow 10-14 days for this to become effective.

Signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary\_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_

7KH 'LUHFW 'HSRVLW LQIRUPDWLRQ HQWHUHG RQ WKLV SDJH LV XW  
LQIRUPDWLRQ WKH HPSOR\HH UHWLUHH RU RWKHU XVHU RI WKLV  
8QLYHUVLW\ RI 0LVVRXUL +HDOWK &DUH WR XVH WKH GLUHFV GHS