

AUTHORIZATION FOR DIRECT DEPOSIT
CMU Credit Union Form Only

Social Security Number XXX - XX - _____

Employee Name: _____

I request that my pay be deposited at (may select up to three accounts):

Name of Financial Institution

First Account Number: _____

Amount \$ _____ .00

Name of Second Financial Institution

Second Account Number: _____

Amount \$ _____ .00 or

 \$ BALANCE***

CMU CREDIT UNION

Name of Third Financial Institution

Third Account Number: _____

Amount \$ _____ .00 or

 \$ BALANCE***

Pay Frequency

Monthly

Biweekly

Account Type

Checking

Savings

Checking

Savings

Checking

Savings

Important Note

Only a maximum of 2 savings and/or 2 checking account direct deposit accounts may be requested. One of the accounts must be for the balance of the net pay.

REMAINING BALANCE OF PAY WILL AUTOMATICALLY BE DEPOSITED INTO LAST ACCOUNT SELECTED

Name(s) on Account: _____

YOU MUST NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE YOUR BANK ACCOUNT

***FOR CHECKING ACCOUNTS A BLANK VOIDED CHECK MUST BE ATTACHED TO THIS FORM. DEPOSIT TICKETS ARE NOT ACCEPTABLE.**

***FOR SAVINGS ACCOUNTS, PLEASE ASK YOUR FINANCIAL INSTITUTION TO COMPLETE THIS FORM AND PROVIDE A VALID TRANSIT ROUTING NUMBER TO PROCESS THE TRANSACTION.**

I hereby authorize Carnegie Mellon University, either directly or through its payroll service provider, to deposit my net pay each payroll period into the account(s) at the financial institution(s) indicated above. I agree to hold harmless Carnegie Mellon against any loss sustained by me by reason of direct deposit of my net pay into the above identified accounts. In the event that Carnegie Mellon deposits funds erroneously into my account, I authorize Carnegie Mellon, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. Direct deposit will commence with the FIRST regular paycheck following receipt and confirmation of this agreement.

Termination of this agreement MUST be made by written notification to Payroll Services, 4516 Henry Street, or at our email address: payroll@andrew.cmu.edu.

Signature _____ Date _____

Department Name _____ Dept. Phone Ext. _____

Campus Work Address _____