

University of Massachusetts

AMHERST • BOSTON • DARTMOUTH • LOWELL • WORCESTER

AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSITS	
Employee Name:	Effective Date:
Employee ID:	Phone:
BANK INFORMATION (Select Balance on Only One Box)	
Deposit Priority (1) – Deducts this amount 1st □ New □ Delete □ Change New Amount \$	Allow Partial Deduction Full Deposit or Balance
Bank Transit/Routing# (9 digits):	Account Number:
Bank Name:	Checking Savings
Deposit Priority (2) – Deducts this amount 2nd New Delete Change New Amount \$	Allow Partial Deduction <u>Full Deposit or Balance</u>
Bank Transit/Routing # (9 digits): Bank Name:	
Deposit Priority (3) – Deducts this amount 3rd □ New □ Delete □ Change New Amount \$	Allow Partial Deduction
Bank Transit/Routing # (9 digits): Bank Name:	
Deposit Priority (4) – Deducts this amount 4th New Delete Change New Amount \$	Allow Partial Deduction
Bank Transit/Routing # (9 digits): Bank Name:	
I herby authorize the University of Massachusetts to deposit my net pay as in	ndicated above at the financial institution(s) named above. I

understand the University of Massachusetts to deposit my net pay as indicated above at the infancial institution(s) named above. If 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.