UNIVERSITY OF MINNESOTA

Direct Deposit Authorization

You can make this change yourself online! Log on to http://myu.umn.edu *- Go to My Pay – Direct Deposit Set-up*

All fields must be completed, including unit verification. An incomplete form will be returned to the department and may delay your pay.
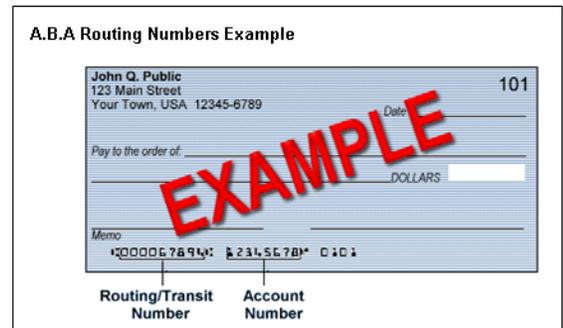
Employee ID #: ___ ___ ___ ___ ___ ___ ___

Department: _____

Name: _____

Email: _____ **Phone:** _____

I authorize the University of Minnesota to:

☐ **Stop direct deposit**

☐ **Start or change direct deposit**

Your net earnings and non-payroll reimbursements will be deposited into the account listed. Direct Deposit will start on the next payday if your form is received in Payroll Services by the Wednesday before payday. Direct deposit of other non-payroll reimbursements will occur on the schedule determined by Disbursement Services and Employee Benefits.

See example to find the routing and account number.

A.B.A Routing Numbers Example

John Q. Public
123 Main Street
Your Town, USA 12345-6789

EXAMPLE

Routing/Transit Number   Account Number

IMPORTANT: **Please confirm your information is CORRECT. Errors will delay your pay.**

Checking ☐   **Savings** ☐

Routing number: (Nine digits)   ___ ___ ___ ___ ___ ___ ___ ___ ___

Account number: _____

Name of Bank: _____

City, State, Zip   _____

By signing this form I certify that the information provided is true and correct. I authorize deposit of my funds to the institution indicated above. If the University deposits funds to my account, which I am not entitled to receive, I authorize the University to direct the bank to return the funds deposited. I understand it is my responsibility to verify that payment has been credited to my account before writing checks. I understand that the earliest I can expect my checking or savings account to be credited for payroll net earnings will be on payday. My checking account or savings account will be credited as frequently as I would receive a hard copy check for flexible benefits and travel and miscellaneous expense. If I checked the "Stop" box, I hereby revoke all previously submitted payroll direct deposit forms and online direct deposit updates.

Employee signature_____**Date**_____

REQUIRED - Unit HR / Payroll Verification

Signature _____ **Name (Please Print)** _____

Date _____ **Department** _____