# <Please Attach a Voided Check>

# DIRECT DEPOSIT AUTHORIZATION

**Payroll Office, 310 Howell-McDowell Ad. Bldg., Morehead, KY 40351-1689**

I authorize Morehead State University to make electronic deposits to my account. This authority is to remain in effect until Morehead State University has received **written** notification from me of its termination (or change) in such time as to afford Morehead State University reasonable opportunity to act.

If changes in your account are made during a break in employment, please notify the Payroll Office immediately upon returning to work. In the event a credit is made to my account in error, I understand Morehead State University has the right to make a correcting entry.

Type or Print Employee Name

Name of Financial Institution (Bank)

Social Security Number

Address of Financial Institution (Bank)

Job Department

City State Zip Code

Job Department Phone Number

Email Address

▲ ***Please attach a voided check*** ▲

Choose one: ☐ checking ☐ savings

Employee Signature

Date

***FOR PAYROLL OFFICE USE ONLY***

I.D. Number _____

**ABA Routing Number**

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**Account Number**

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Prenote Date _____ Direct Deposit Effective Date_____

**Distribution:** Completed form – Payroll Office, HM 310

Form 4/08