EMPLOYEE AUTHORIZATION FOR ELECTRONIC PAYROLL DEPOSIT

EMPLOYEE NAME	EMPLOYEE ID NUMBER

I authorize Montana Tech of The University of Montana to deposit my pay to my account indicated below, and I authorize the depository named below to accept my payroll deposit and credit the amount to my account.

NAME OF BANK	BRANCH

CITY	STATE	ZIP

FRB ROUTING NUMBER	ACCOUNT NUMBER

This authority is to remain in full force and effect until Montana Tech receives written notification from me of its termination.

NAME(S) ON EMPLOYEEôS ACCOUNT	☐ CHECKING **(Please attach a VOIDED CHECK in order to verify that your numbers are correct.)** ☐ SAVINGS

DATE_____ SIGNATURE_____

WORK PHONE NUMBER_____

NOTE: The first pay date following the completion of the electronic fund transfer form will generate a check to be mailed to your home. The account numbers are verified during that first pay period. Your pay will not be direct deposited into your bank account until the second pay date. If you are ever unsure of your account balance, please call your bank to verify the direct deposit before writing checks. Montana Tech is not responsible for checks returned due to insufficient funds.