

University of Missouri DIRECT DEPOSIT

Authorization and Order For Payroll Check Direct Deposit in Financial Institution

Effective Date	Your Employee ID Number	Your Name (Last, First, Middle Initial)
Home Address (Street, City, State, Zip Code)		

The Treasurer of University of Missouri is hereby authorized to deposit my pay into my account identified as and held at the financial institution identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number.

Your Signature	Date
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TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Financial Institution Name _____ Financial Institution Address _____ City _____ State _____ Zip _____
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Financial Institution Information

Transit Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td><td style="width: 12.5%;"> </td> </tr> </table>																	
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Bring this form to your HR office with a valid photo ID for processing. If you are unable to appear in person, notarization of this form is required. Please allow 10-14 days for this to become effective.

Signed in my presence this _____ day of _____, 20_____.

Notary _____

My Commission Expires:

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7KH 'LUHFW 'HSRVLW LQIRUPDWLRQ HQWHUHG RQ WKLV SDJH LV XW
LQIRUPDWLRQ WKH HPSOR\HH UHWHUHH RU RWKHU XVHU RI WKLV
8QLYHUVLVW\ RI 0LVVVRXUL +HDOWK &DUH WR XVH WKH GLUHFV GHS
  
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