



WESTERN MICHIGAN  
UNIVERSITY

# DIRECT DEPOSIT AUTHORIZATION

Western Michigan University – Payroll Office  
1903 West Michigan Avenue  
Kalamazoo, MI 49008 Mail Stop 5250  
Seibert Administration Building, Room 4000  
Phone: (269) 387-2935 Fax: (269) 387-2937

**Please return to the Payroll Office with photo identification (Bronco ID preferred.)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

WIN Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Semi-monthly (*Salaried staff or faculty*)

Bi-weekly (*GA, hourly staff, or student*)

## NET CHECK

Is this account:  New  Change  Stop

Financial Institution Name: \_\_\_\_\_

Account Type:  Checking  Savings

Bank Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

*Attach a voided paper check here. Additional stated amount accounts can be found on the back of this form.*

I authorize direct deposit of my net pay and additional stated amount accounts and any reimbursements by my employer into the account and financial institution above. I understand a deposit will be made each payday unless I terminate this agreement in writing. If my employer deposits funds into my account in error, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit. This authority will remain in effect until I have filed a new payroll election, or until revoked by me. Although it is not required, if I have not attached a voided personal paper check, Payroll will run a pre-notification to my financial institution to validate my account information. As a result, I understand that it can take up to two pay cycles for my direct deposit to take effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

## OFFICE USE ONLY

Checked ID: \_\_\_\_\_ Checked Date: \_\_\_\_\_ Checked By: \_\_\_\_\_

Bronco

Passport

State/Driver's License

Pay Period: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Enter Date: \_\_\_\_\_

Entered By: \_\_\_\_\_

## Additional Stated Amount Accounts

Is this account:  New  Change  Stop

Financial Institution Name: \_\_\_\_\_

Account Type:  Checking  Savings

Bank Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Amount** Original Amount: \$ \_\_\_\_\_ Change To: \$ \_\_\_\_\_

Is this account:  New  Change  Stop

Financial Institution Name: \_\_\_\_\_

Account Type:  Checking  Savings

Bank Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Amount** Original Amount: \$ \_\_\_\_\_ Change To: \$ \_\_\_\_\_

Is this account:  New  Change  Stop

Financial Institution Name: \_\_\_\_\_

Account Type:  Checking  Savings

Bank Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Amount** Original Amount: \$ \_\_\_\_\_ Change To: \$ \_\_\_\_\_