



WESTERN MICHIGAN UNIVERSITY DIRECT DEPOSIT FORM

First Name: _____ Last Name: _____

Employee ID or WIN: _____ Phone #: _____

Check Box: STUDENT BIWEEKLY SEMIMONTHLY

***If no election is made a Payroll Debit Card will be issued to you automatically. Please return this form to Payroll located in the Seibert Administration Building room 1270.**

Please Read the Following Carefully:

It is the employee's responsibility to ensure that direct deposit information is correct and that all instructions regarding, the bank, routing number, and account number are correct. The employee bears the risk of loss in the event that they have compromised the integrity of their electronic systems and direct deposit instructions have been altered. If your direct deposit is going to your checking account, please attach a check to the back of this sheet. Print void across the front of the check. ***Please note that if you have not attached a paper check, Payroll requires that a pre-notification transaction be submitted to your financial institution to validate your account information. As a result, it could take up to two pay cycles for your direct deposit to take effect.***

Net Pay Account (Main Account):

Bank Account: Checking Savings Bank Name: _____
Routing Number: _____ Account Number: _____

***Please fill out the following if you would like to have more than one account:**
(additional stated amount forms can be found on the back of this sheet)

Stated Amount Account: Stated Amount: \$ _____ New Change Stop

Bank Account: Checking Savings Bank Name: _____
Routing Number: _____ Account Number: _____

Payroll Authorization:

I hereby authorize direct deposit of my net pay and stated amounts 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 either 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 in writing or upon termination of my employment.

Employee Signature: _____ Date: _____

Office Use Only: Checked ID Date: _____

Type of Photo ID: _____ Checked by: _____

Date Entered: ___/___/___ Pay Period: _____ Employee ID #: _____ Entered by: _____

Please Attach Voided Check HERE

Stated Amount Account: Stated Amount: \$ _____ New Change Stop
Bank Account: Checking Savings **Bank Name:** _____
Routing Number: _____ **Account Number:** _____

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