

# GEORGE MASON UNIVERSITY DIRECT DEPOSIT AUTHORIZATION FORM

## Attach Here

A voided check(s) printed with your bank routing number and your account number

In order to minimize problems and expedite processing of your direct deposit, please verify your bank routing number and account number with your financial institution. Incorrect bank routing and account numbers may result in a delay in the processing of this form.

G# or SSN#	Name (Last, First, Middle)	
Department	Campus Phone	

<input type="checkbox"/> <b>Start Direct Deposit</b> Please verify your first direct deposit with a representative of your bank.	<input type="checkbox"/> <b>Change Current Direct Deposit</b> A complete and signed Direct Deposit Authorization Form must be received in Human Resources and Payroll at least 5 days prior to the payday.	<input type="checkbox"/> <b>Stop Direct Deposit</b> A complete and signed <u>replacement</u> Direct Deposit Authorization Form must be received in Human Resources and Payroll at least 5 days prior to the payday.
<input type="checkbox"/> <b>Add Another Direct Deposit</b>		

(if additional accounts are requested, please attached an additional form)

<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Bank Name</b>	<b>Amount to be Deposited</b> <input type="checkbox"/> Total Net Pay <input type="checkbox"/> % _____ <input type="checkbox"/> \$ _____
<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Bank Name</b>	<b>Amount to be Deposited</b> <input type="checkbox"/> Total Net Pay <input type="checkbox"/> % _____ <input type="checkbox"/> \$ _____
<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Bank Name</b>	<b>Amount to be Deposited</b> <input type="checkbox"/> Total Net Pay <input type="checkbox"/> % _____ <input type="checkbox"/> \$ _____
<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Bank Name</b>	<b>Amount to be Deposited</b> <input type="checkbox"/> Total Net Pay <input type="checkbox"/> % _____ <input type="checkbox"/> \$ _____

I understand that participation in Direct Deposit is a condition of my employment at George Mason University.

I authorize George Mason University to transfer the full amount of my salary, after deductions, to the financial institution(s) named above for deposit to my account. I understand that in the event the Human Resources and Payroll notified my financial institution(s) that I am not entitled to the funds deposited to my account, the financial institution(s) is/are authorized to debit my account(s) for the amount of the adjustment.

I understand that if I close my account, I will not receive a salary payment until my financial institution(s) return(s) the funds to the University. The University is authorized to terminate this agreement without notice if legally obligated to withhold any part of my salary. This authorization remains in effect until I notify the George Mason University Human Resources and Payroll Office in writing.

Employee Signature	Date
--------------------	------