



DIRECT DEPOSIT/DEDUCTION AUTHORIZATION

Central Michigan University, Payroll Office, 204 Warriner Hall
(989) 774-3481 Phone (989) 774-1069 Fax

Name: _____

Campus ID: _____

Daytime Phone: _____

____ Semi-monthly (Salaried staff or faculty)

____ Bi-weekly (GA and Hourly Staff or Student)

NET CHECK

Financial Institution Name: _____

Account Type: ☐ Checking ☐ Savings ☐ New

Bank Routing/Transit Number: _____ ☐ Change

Account Number: _____ ☐ Stop Deduction

BANK DEDUCTION TO ANOTHER ACCOUNT

Financial Institution Name: _____

Account Type: ☐ Checking ☐ Savings ☐ New

Bank Routing/Transit Number: _____ ☐ Change

Account Number: _____ ☐ Stop Deduction

If making a change in the deduction amount, please indicate the previous dollar amount deducted.

Deduction Amount Was:\$ _____ Now:\$ _____

TRAVEL/EMPLOYEE REIMBURSEMENT ACCOUNT

Financial Institution Name: _____

Account Type: ☐ Checking ☐ Savings ☐ New

Bank Routing/Transit Number: _____ ☐ Change

Account Number: _____

These records are maintained separately and are required for ALL employees who travel or get reimbursements!

I authorize Central Michigan University to initiate credit entries to my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicated above.

I understand that this authorization replaces any previous authorization and will remain in full force and effect until Central Michigan University has received written notification from me of its termination in such time and in such manner as to afford CMU and the financial institution(s) a reasonable opportunity to act on it.

Signature _____

Print Name _____

Email Address: _____

Last 4 Digits of SSN _____

Date: _____

OFFICE USE ONLY:

Verified by: _____