



The Western Advantage

Authorization for Automatic Deposit Form

The undersigned hereby authorizes Missouri Western State University to transfer the amount of my salary as indicated, after tax withholding and deductions, to the financial institution named for deposit to listed accounts. I understand that this authorizes my banking institution to accept such deposits and make any adjustments (credits or debits) that are authorized by the operating rules of the National Association of Clearing Houses. This authorization will remain in effect until written notice of termination or changes are delivered to the MWSU HR/Payroll Departments by the 15th of the month so as to afford MWSU an opportunity to act thereon. In no event shall such termination or changes be effective as to entries processed prior to receipt of such notice.

- Student Bi-weekly Monthly

Direct Deposit Authorization

- Start/Begin Direct Deposit
 Change of current Direct Deposit Information on file
 Stop Direct Deposit (Indicate Routing and Account number to be stopped)
Routing # _____ Account # _____

Type of Account

- Checking (COPY OF VOIDED CHECKS ONLY)
 Savings (COPY OF BANK CARD WITH ROUTING & ACCOUNT # ONLY)

Deposit Amount (Maximum of 3 direct deposit accounts to 3 different financial institutions)

- Full-100% of available Net pay - Branch Name _____
 Partial-Specify dollar amount/percentage _____ Branch Name _____
 Partial-Specify dollar amount/percentage _____ Branch Name _____

Name of Authorizing Party (Print) _____ G Number _____

Employee Authorizing Signature _____ Date _____

**To Start or Change your direct deposit attach/staple
VOIDED CHECK/COPY OF BANK CARD
ONLY**