

## STATE OF MICHIGAN PAYROLL DIRECT DEPOSIT AUTHORIZATION

## (ELECTRONIC FUNDS TRANSFER)

## Please Print or Type

Tyne	of ann	dication	(Select	One	Only)
IVDE	UI abl	nication	13elect	OHE	UIIIV

NEW: Complete step 1 or step 2, then step 3 and forward direct deposit begins. Your direct deposit is in effect whe SAVINGS" to the right of your net pay amount instead	n you receive a Statement of Earning			
CHANGE: When changing your financial institution, Ac with all updated information, then complete step 3. For Your direct deposit will be suspended and a payroll che check will contain your payroll information. <b>Do not clos</b>	ecount Number or type of account, yoward this completed form to your Hum ck will be issued while your new acco	nan Resources Division after yount information is being verifie	ou obtain all required signatures	
CANCELLATION: Complete step 3 and forward this for request. Do not close your old accounts until you re	m to your Human Resources Division		fect within two pay periods of you	
Name (Last, First, MI)	Department/Agency		TKU (if known)	
Attach a voided check below or comple	te step 2. Then complete st	tep 3.		
Write VOID on an unused check and attach here, or go to step 2.	Richard and Cindy Jones 123 Main Street Anytown, MI 49111		1800	
and attachmere, or go to step 2.	Allytown, Wil 40111		¢	
	VOID DOLLARS			
<b>NOTE:</b> The sample check to the right shows where your Routing Transit Number and Account Number may be found on your personal check.	ANYTOWN BANK Anytown, MI 49111 For	(XXXXXX) " ' 1800	DOLLARS	
2. Complete this section only if you do not	Routing Transit Number (line 2	,		
Transit Number or Account Number, ple  A. Name of Financial Institution	ease contact your financial i	nstitution for accurate FOR HUMAN RESOURCES Intered by:	information.  B USE ONLY  Date:	
B. Routing Transit Number  Must be nine digits (see sample above).		and special symbols. En	iter the number from left	
3. Enter your account type, Employee ID fr your Social Security Number (optional) bottom of this form and return to your H (Select one only) Checking (C) Savings (S)	below. Obtain and attach se		f necessary. Sign the	
I authorize the State of Michigan to deposit the net pay owed me by t I understand this authorization remains in effect until revoked (cance separation. I authorize the State of Michigan to recover money electronically depo	elled) by: (a) me, (b) my death or legal inc	capacity, (c) the financial institution	n, (d) the State of Michigan or (e) my	
I will be notified by the State of Michigan if adjustments or debits an I consent to and agree to comply with the National Automated Cleari they exist on this date or as subsequently adopted, amended or repealaw.	ng House Association Rules and regulation	_		
If more than one signature is required to authorize withdrawals of fu	<u> </u>			
Employee Signature	Date	Work Phone (	)	
Secondary Signature	Date	Home Phone (	)	
		Home Phone (	)	
	•	<del></del>		