

EASTERN MICHIGAN UNIVERSITY

Authorization for Direct Deposit

PAYROLL ____ ACCOUNTS PAYABLE ____ BOTH ____
(Reimbursement)

I (the undersigned) hereby authorize Eastern Michigan University to make electronic deposits into the account identified below in my behalf. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments will be made electronically by a Depository Financial Institution (Financial Institution responsible for the electronic transmission of the deposit data to Employees or Vendors financial institution choice) and under the rules of the Michigan Automated Clearing House Association. Deposits can be made to a Financial Institution with a federal routing number. **This authorization is to remain in full force until notification from me of its termination in such time as to afford them a reasonable opportunity to act on it.**

PAYROLL ONLY: In the event that my deposit does not reach my account on pay day the Payroll Office at Eastern Michigan University will make a reasonable effort to notify me in the event that my deposit will not be available at the bank that day. Employee must notify Payroll in writing when closing the relevant bank/credit union account.

Name of Bank/Financial Institution: _____ Routing Number: _____ Account Number: _____
1) _____

Type of Account: Checking ____ Savings ____ Amount in \$ _____ or % _____

Name as it appears on account: _____

Name of Bank/Financial Institution: _____ Routing Number: _____ Account Number: _____
2) _____

Type of Account: Checking ____ Savings ____ Amount in \$ _____ Balance available of **100%**

Name as it appears on account: _____

ACCOUNTS PAYABLE ONLY: It is understood that Eastern Michigan University will not be held responsible for any insufficient funds or returned checks. Employees/Vendors must notify Accounts Payable in writing when closing the relevant bank/credit union account.

Name of Bank/Financial Institution: _____ Routing Number: _____ Account Number: _____
1) _____

Type of Account: Checking ____ Savings ____

Name as it appears on account: _____

MANDATORY-U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions

Will the payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into the account?

NO **YES – fill out the Foreign Financial Institution information below:**

Foreign Financial Institution Name: _____

Foreign Financial Institution Identification Number: _____

Foreign Financial Institution Address: _____

Signature of Authorizing Party

Date

Name of Authorizing Party (print)

Email address to receive explanation of payment (print)

EID number (if applicable)

Telephone number

Payroll or Accounts Payable Department
Hover Building
Ypsilanti MI 48197

Please attach a blank check with VOID written across or notification from your bank with your account and routing numbers.

“Remember to save the Direct Deposit emails for your records.”