

# 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. **IF THIS DIRECT DEPOSIT FORM IS NOT COMPLETED AND RETURNED TO PAYROLL WITHIN 15 DAYS, WAGES WILL BE DEPOSITED TO A PAYCARD ISSUED TO THE EMPLOYEE.**

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.”**