



Great Falls College
 Montana State University
 2100 16th Avenue South
 Great Falls, MT 59405

Payroll Direct Deposit Authorization Form

Complete the required information, print off, attach bank document, sign and return hard copy to
Payroll Office, Great Falls College MSU

I hereby authorize Great Falls College MSU to distribute my pay as indicated herein.

- With Direct Deposit, I understand that all of my net pay will be deposited in the bank account(s) as shown below. This authorization will remain in effect until GF College MSU receives written notice from me to cancel or change this authorization or I terminate employment at GF College MSU.
- I understand that if I change bank services, I must inform the Payroll Office of any changes prior to making the change.
- I further understand that a pay stub detail report will be available through Banner Web (My Info) under Employee Services and Pay Information

Name: *(Last)* _____ *(First)* _____ *(MI)* _____

Department you work for: _____ Phone No: _____

Banner Generated ID Number (GID): _____

Signature: _____ Date: _____

REQUIRED INFORMATION TO:

Add – You may deposit into a maximum of three accounts. Please Attach a voided check containing your preprinted name for each account OR a letter from your bank that contains your name and banking information.

Cancel or Change – The bank account number of the account you wish to cancel or change must be included on this form.

Add, Cancel or Change	Bank Routing #	Bank Account #	Dollar Amount or Percent of Pay	Checking or Savings	Banking Info Attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Great Falls College MSU Use Only:

Date documentation received: _____ Date of Active Status: _____
 Date of Inactivated DD: _____ Date of Change Existing DD: _____