



NEW MEXICO STATE UNIVERSITY

Payroll Direct Deposit Authorization

Mail to NMSU Payroll, MSC 3HRS, Las Cruces, NM 88003 or Return to Hadley Hall Rm 17

LAST NAME: _____

BANNER ID #: _____

FIRST NAME: _____

DAYTIME PHONE: _____

DEPARTMENT: _____

EMPLOYEE TYPE: Faculty/Staff Grad Student

PRIMARY DEPOSIT (NET PAY)

Step 1	Step 2
Choose a selection type for your Primary Direct Deposit: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	Choose an Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> ATM Only / Cash Card Bank Routing Number _____ Account Number _____
Step 3	
PLEASE ATTACH YOUR PREPRINTED VOIDED CHECK HERE	

ADDITIONAL DEPOSIT

Step 1	Step 2
Choose a selection type for your Additional Direct Deposit: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	Choose an Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> ATM Only / Cash Card Bank Routing Number _____ Account Number _____
Step 3	
Choose below to make an additional <i>Amount</i> or <i>Percentage</i> deposit. Amount \$ _____ or Percentage _____ %	
Step 4	
PLEASE ATTACH YOUR PREPRINTED VOIDED CHECK HERE	

I hereby authorize New Mexico State University to deposit my net pay each pay day directly to the account(s) indicated above and to initiate, if necessary, any debits or adjustments for any direct deposit errors made. I understand that it is my responsibility to check my account each pay date to ensure that money was correctly deposited. The university will not be held liable for bank charges resulting from problems associated with direct deposit. This authority will remain in effect until a new form is filed. I understand I will receive a check until the above information is verified and processed.

Signature

Date