Payroll Enrollment Form

Complete this form online to receive your payroll earnings via electronic funds transfer.

NORTHWEST MISSOURI STATE UNIVERSITY

ACTION ☐ New Enrollment ☐ Change/Update

STATUS ☐ Student ☐ Faculty/Staff

ENROLLMENT DATE _____
MM/DD/YYYY

EMPLOYEE INFORMATION

_____ _____ _____
Last Name First Name Middle Initial

919# _____ Phone _____

DIRECT DEPOSIT

Bank Name _____

Routing Number _____

Account Number _____

Account Type ☐ Checking ☐ Savings

Print, sign, attach a voided check or official bank documentation, and then deliver the documents to the Payroll Office. Note: Do not attach deposit slips because the routing number is not always correct.

I, the undersigned, authorize and request Northwest Missouri State University to initiate deposits and adjustments to my bank account, as selected above. I understand I can cancel or modify this authorization at anytime.
Contact Payroll with questions or if you need additional information.

Employee Signature _____ Date _____