EMPLOYEE AUTHORIZATION FOR ELECTRONIC PAYROLL DEPOSIT

| EMPLOYEE NAME | | | EMPLOYEE ID NUMBER | | | | | | | | | | | | | | | |
|---|--|-----|--------------------|------|-----|------|-----|-------|----|------|------|------|-----|------|------|-----|-----|-------|
| I authorize Montana Tech of The University of I the depository named below to accept my payro | | | | | | | | | | | | ted | bel | low, | and | Ia | uth | orize |
| NAME OF BANK | | | BRANCH | | | | | | | | | | | | | | | |
| СІТҮ | | | | | | | ZIP | | | | | | | | | | | |
| FRB ROUTING NUMBER | | | ACCOUNT NUMBER | | | | | | | | | | | | | | | |
| | | Ĺ | | | | | | | | | | | | | | | | |
| This authority is to remain in full force and effectermination. | ct until Monta | ana | Те | ch r | ece | ives | wri | itten | no | tifi | cati | on i | fro | m m | e of | its | | |
| NAME(S) ON EMPLOYEE'S ACCOUNT | | | CHECKING | | | | | | | | | | | | | | | |
| | (Please attach a VOIDED CHECK in order to verify that your numbers are correct.) | | | | | | | | | | | | | | ers. | | | |
| | | | 5 | SAVI | NGS | S | | | | | | | | | | | | |
| DATESIGNATURE | | | | | | | | | | | | | | | | | | |
| WORK PHONE NUMBER | | | | | | | | | | | | | | | | | | |

NOTE: The first pay date following the completion of the electronic fund transfer form will generate a check to be mailed to your home. The account numbers are verified during that first pay period. Your pay will not be direct deposited into your bank account until the second pay date. If you are ever unsure of your account balance, please call your bank to verify the direct deposit before writing checks. Montana Tech is not responsible for checks returned due to insufficient funds.