University of Massachusetts
Worcester

Employee Name _____   Effective Date _____
                        Last Name   First Name   Mid Init.

Employee ID _____   Phone _____
                        ID number   Department

Bank Information

Note* If one of your deposits is going to the UMass Credit Union with multiple dispersements into different accounts, only 1 priority needs to be completed. **List only accounts you are changing, deleting or adding.**

IMPORTANT: For security purposes this form can only be delivered in person, please bring identification. For those not located at either location please contact payroll at 508-856-7855.

South Street, Shrewsbury- Please go to the Financial Services office located on the first floor and dial the payroll number.

Main Campus- please go to the Bursars office located on the first floor of the Medical School.

Deposit Priority (1) Deducts this amount 1st

☐ New   Amount $ _____   Allow Partial Deduction   ☐
                                                          Full Deposit or Balance   ☐
☐ Change   Amount $ _____

☐ Delete   Checking   ☐
                                                          Savings   ☐

Bank Name (required) _____   Transit No (9 digits) (required) _____   Account Number (required) _____
                                              Print Legible   Print Legible

Deposit Priority (2) Deducts this amount 2nd

☐ New   Amount $ _____   Allow Partial Deduction   ☐
                                                          Full Deposit or Balance   ☐
☐ Change   Amount $ _____

☐ Delete   Checking   ☐
                                                          Savings   ☐

Bank Name (required) _____   Transit No (9 digits) (required) _____   Account Number (required) _____
                                              Print Legible   Print Legible

Deposit Priority (3) Deducts this amount 3rd

☐ New   Amount $ _____   Allow Partial Deduction   ☐
                                                          Full Deposit or Balance   ☐
☐ Change   Amount $ _____

☐ Delete   Checking   ☐
                                                          Savings   ☐

Bank Name (required) _____   Transit No (9 digits) (required) _____   Account Number (required) _____
                                              Print Legible   Print Legible

Deposit Priority (4) Deducts this amount 4th

☐ New   Amount $ _____   Allow Partial Deduction   ☐
                                                          Full Deposit or Balance   ☐
☐ Change   Amount $ _____

☐ Delete   Checking   ☐
                                                          Savings   ☐

Bank Name (required) _____   Transit No (9 digits) (required) _____   Account Number (required) _____
                                              Print Legible   Print Legible

I hereby authorize the University of Massachusetts to deposit my net pay as indicated above at the financial institution's named above. I understand the University of Massachusetts may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

The bank may terminate this agreement by written notice to the employee for just cause.

Employee Signature _____   Date _____
                                                                        dd/mm/yyyy (date format)