

Marshall Payroll Direct Deposit Form

Marshall University Payroll Office, Old Main Room 203, One John Marshall Drive, Huntington WV, 25755

Telephone: (304) 696-6457 FAX : (304) 696-3289 www.marshall.edu

- PLEASE FORWARD TO THE MARSHALL UNIVERSITY PAYROLL OFFICE ONCE COMPLETED -

First Name:	MI:	Last Name:
MU ID#:		Phone Number:

PAYROLL PRIMARY ACCOUNT:

Bank Name:	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change	<input type="checkbox"/> No Change
Routing #:	<input type="checkbox"/> Checking - Attach a voided check.		
Account #:	<input type="checkbox"/> Saving		

PAYROLL SECONDARY ACCOUNT(S): If you have more than two secondary accounts, please complete an additional form.

Bank Name:	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> No Change				
Routing #:	<input type="checkbox"/> Checking - Attach a voided check.							
Account #:	<input type="checkbox"/> Saving							
	Dollar Amount:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.	<input type="checkbox"/>	<input type="checkbox"/>
Bank Name:	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> No Change				
Routing #:	<input type="checkbox"/> Checking - Attach a voided check.							
Account #:	<input type="checkbox"/> Saving							
	Dollar Amount:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

Employee's Signature: _____

Date: _____

Payroll Office Personnel:

By entering this information into the Marshall University Payroll Application you are certifying that the information provided and any attachment to this form has been received from the employee whose signature appears.