



Northern Michigan University

Faculty/Staff

Student/Temporary

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Please fill out and return to the Human Resources Department with signature.
Use a separate form for each transaction, and attach a voided check if applicable.

Name _____ NMU IN _____

Financial Institution _____

City _____ State _____ Zip _____

Bank Routing Number _____ (9 digits on bottom left of check)

Bank Account Number _____

***Choose one** of the following three options:

1) Total Take Home Pay (net)

2) Specified Amount \$ _____

3) From Current Specified Amount \$ _____ to New Specified Amount \$ _____

CHECKING ACCOUNT

SAVINGS ACCOUNT

If I change or close my account, I will notify the Human Resources Department in writing.

SIGNATURE _____ DATE _____

*New Direct Deposits may take two pay periods before taking effect.