

NEW MEXICO HIGHLANDS UNIVERSITY

Direct Deposit Authorization

This form is used to add, change, or cancel a payroll or accounts payable direct deposit. For payroll direct deposits, this form must be submitted to the Human Resources Department. If you are only requesting changes/additions for accounts payable reimbursements, submit this form to the Business Office. This form will replace previous information.

(Print: Last Name, First Name)

(ID Number or SSN)

Amounts can be distributed to multiple accounts. For each account, please complete the information below:

Allocation #1

<u>CHECKING</u>	<u>SAVINGS</u>	Accounts Payable ☐	Payroll ☐
☐ START	☐ START	_____ (Name of Financial Institution)	
☐ CHANGE	☐ CHANGE	_____ (Account Number)	_____ (Bank Routing Number)
☐ CANCEL	☐ CANCEL	_____ Dollar Amount or Percentage	

Allocation #2

<u>CHECKING</u>	<u>SAVINGS</u>	Accounts Payable ☐	Payroll ☐
☐ START	☐ START	_____ (Name of Financial Institution)	
☐ CHANGE	☐ CHANGE	_____ (Account Number)	_____ (Bank Routing Number)
☐ CANCEL	☐ CANCEL	_____ Dollar Amount or Percentage	

PLEASE NOTE THE FOLLOWING

A voided check or copy of a savings ID card from your financial institution must accompany this form for processing. If the documents are not provided, the request WILL NOT BE PROCESSED. This authorization will remain in effect unless otherwise notified. The authorization form and documents can be transmitted as follows:

Human Resources- Fax: 505-454-1916 Email: emaestas@nmhu.edu or patgonzales@nmhu.edu Building: RAB, Room 201
Business Office-Fax 505-454-3599 Email: dachavez@nmhu.edu or lrcdebaca@nmhu.edu Building: RAB, Room 204

Complete documents necessary to process payments (timesheets, vouchers, clearance forms, etc.) must be received by published deadlines in order to process automatic deposits on scheduled dates.

AUTHORIZATION

I have read the above and I authorize NMHU to make the deposit described on this form. If funds to which I am not entitled are deposited into my account, I authorize NMHU to direct the financial institution to return said funds.

Signature

Date

Work Phone

Home Phone