

**University of New Mexico**  
**Automatic Check Deposit Authorization/Cancellation**  
**100% of Net Pay**

Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

Payroll deadlines vary throughout the year. Please ask Payroll when the direct deposit will take effect. This form will replace the previous information.

CHECKING

START

CHANGE

SAVINGS

START

CHANGE

Name of Bank/Credit Union: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Account Number: \_\_\_\_\_

To START or CHANGE, a voided check or copy of a savings ID card from your bank must accompany this form. If the documents are not provided, the request WILL NOT BE PROCESSED. It is THE RESPONSIBILITY OF THE EMPLOYEE to notify the Payroll Office that an account has been CLOSED OR CHANGED. If the employee has no active assignment for 120 days or more, the direct deposit will be cancelled.

**AUTHORIZATION**

I HAVE READ THE ABOVE AND I AUTHORIZE UNM TO MAKE THE DEPOSIT DESCRIBED ON THIS FORM EACH PAY PERIOD. IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED INTO MY ACCOUNT, I AUTHORIZE UNM TO DIRECT THE FINANCIAL INSTITUTION TO RETURN SAID FUNDS

SIGNATURE

DATE

PHONE

PLEASE STAPLE VOIDED CHECK BELOW

John and Jane Doe  
1234 Spruce Dr  
City, State, Zip Code

1001

Pay to the Order of: \_\_\_\_\_ **VOID** \_\_\_\_\_ \$XXXX

**CANCELLATION OF DIRECT DEPOSIT**

Cancel my direct deposit effective on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_