

UNIVERSITY OF NEW MEXICO
AUTOMATIC DEDUCTION AUTHORIZATION
FIXED AMOUNT TO SAVINGS/CHECKING

This form is used to add, change, or cancel a payroll automatic deduction. USE THIS FORM ONLY FOR A FIXED AMOUNT DEDUCTION AMOUNT. If you would like a fixed amount deposited to your account, please fill in the proper information below and submit to the UNM Payroll Department seven (7) days PRIOR to the pay date

Form with fields for Name (Last Name, First Name), UNM ID, Deduction Type (Checking/Savings), Dollar Amount, Bank Name, Routing Number, Account Number, and City/State.

PLEASE NOTE THE FOLLOWING

A voided check or copy of a savings ID card from your bank must accompany this form for processing. 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. This authorization will remain in effect unless otherwise notified. 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. This authority will remain in effect until I have filed a new authorization. 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 Day Time Phone #

STAPLE VOIDED CHECK HERE

Check stub form with fields for Payee Name, Address, City, State, ZIP, Pay to the order of, Amount, and MICR line.