

Please complete all the fields, then print and sign your authorization. **Attach a copy of a voided check or preprinted deposit ticket.** Please submit to the HRM Customer Service Center, 250 CP. This authorization will remain in effect until the HRM Customer Service Center receives written notice to end this service.

NOTE: Direct Deposit is mandatory for all employees.

My role at Northeastern: Faculty/Staff Temp

NU ID# _____ (To obtain your ID#, log into myNortheastern. Your NU ID# is the nine digit number located on the top right of the landing page.)

Email: _____

Name (Last): _____ (First) _____ (M.I.) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Daytime Tel: _____

Option 1 – Deposit to One Account

This option will be used for both Accounts Payable & Payroll Transactions.

Please deposit my entire net pay (100%) directly into the existing account listed below.

Bank Name: _____ Type of Account: Checking Saving

ABA Routing Number: _____ Bank Account Number: _____

For help determining the bank routing numbers, please review the instructions posted on the HRM website.

Option 2 – Deposit to Two Accounts

Benefit eligible employees only. This option can be used for payroll transactions only.

Deposit Type Percent-Deposit _____ % into Account 1, the remainder of my net pay will be deposited into Account 2

(Select only one box) Amount-Deposit _____ (specific dollar amount) into Account 1, the remainder of my net pay will be deposited into Account 2

Bank Name: _____ Type of Account: Checking Saving

ABA Routing Number: _____ Bank Account Number: _____

Bank Name: _____ Type of Account: Checking Saving

ABA Routing Number: _____ Bank Account Number: _____

For help determining the bank routing numbers, please review the instructions posted on the HRM website.

Authorization

I authorize and request Northeastern University to automatically deposit any amount owed to me to my account at my depository financial institution listed on this form. I understand that this agreement may be terminated by me or Northeastern University at any time. Any such notification requires a reasonable time to act upon it. I authorize Northeastern University to debit my account only for the purpose of correcting an erroneous credit previously initiated to my account.

Signature: _____ Date: _____

Northeastern University will not be responsible for technical difficulties that may delay deposits.
(Please allow 10 business days for update)