DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

First Name: _____ **Middle Name:** _____ **Last Name:** _____

MMA ID: _____ **Extension:** _____ **Date:** _____

Direct Deposit is the electronic transfer of your current payroll amount from Maine Maritime Academy to the designated account(s) in the bank(s) or credit union(s) of your choice.

Complete the required information below to enroll in or change your current direct deposit at Maine Maritime Academy. Insert the dollar ($) or percent (%) amount to be deposited into the first (primary) account. The remainder of net earnings will automatically be deposited into the secondary account. You will be able to deposit your pay into savings and/or checking accounts in one or two bank/credit union accounts.

Primary Account: ☐ Checking ☐ Savings

Bank/Credit Union Name: _____

Routing Number: _____ Account Number: _____

Unless otherwise specified, all of your Net Pay will go to your Primary Account.

Secondary Account: (Optional) ☐ Checking ☐ Savings

Bank/Credit Union Name: _____

Routing Number: _____ Account Number: _____

_____ $ of Net Pay OR _____ % of Net Pay

This is a change to my allocation: ☐ **YES** ☐ **NO**

I authorize Maine Maritime Academy to deposit any payroll amounts owed to me to my account(s) at the depository institution(s) listed above. I authorize Maine Maritime Academy to debit my account only for the purpose of correcting an amount erroneously credited to my account. I understand it is my responsibility to verify that payments issued by Maine Maritime Academy have been credited to my account(s) before attempting to draw on the funds. I understand that this authorization will remain in effect until I change my account number(s) and notify Maine Maritime Academy in writing by completing a Direct Deposit Enrollment/Change Form. I authorize and request my Bank to accept any credit and adjusting entries initiated by MMA to my authorized account, and to credit to such account without fiscal responsibility to MMA. It is my responsibility to notify MMA if there are any changes to my depository information. I certify that I have read and understood this authorization.

Signature: _____ Date: _____

The following documents must be attached to this form:

Copy of voided check or savings deposit form for accounts into which payroll amounts are to be deposited.

Note: Employee travel and expense reimbursements paid by the Accounts Payable Department will be deposited to your primary bank account.

Note: Direct Deposit changes may not become effective for at least one paycheck after this form is processed.

Office Use Only. Received date: _____

Date into HRIS: _____ By: _____ First Deposit Date: _____

Last updated: September 18, 2023