

Employee Name _____

Paycheck Information

Effective January 1, 2006, all new employees must elect direct deposit for their paychecks.

****Attach Voided Check****

Main Bank (Complete if only one bank used):

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Checking Savings

Second Bank:

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Amount to be deposited: _____

Checking Savings

*****THERE IS A ONE (1) MONTH PRENOTE PERIOD, WHICH MEANS NO DIRECT DEPOSIT FOR THE FIRST MONTH OR FOR THE FIRST COUPLE OF CHECKS IF PAID BIWEEKLY**

I authorize The University of Southern Mississippi to automatically deposit my payroll check into the bank and account number as indicated above. If you are unable to provide a voided check, the University is not held liable for any incorrect information that is given and then entered. This election will remain in full effect until the University of Southern Mississippi receives written notification from the undersigned employee that a change be made. Should a change be necessary, the employee will be required to submit a new form and should be mindful of payroll deadline.

Your Signature below certifies that the above is true and correct and authorizes the University to initiate the above selection in submitting your pay check. If you elect direct deposit, a signature is required.

Employee Signature _____ Date _____

Confirmation of Understanding of Drug Free Workplace Policy

The University of Southern Mississippi prohibits the unlawful possession, use, or distribution of illegal drugs and alcohol on University property or at University activities.

Sanctions against University employees range from a letter of reprimand to termination of employment. The University may also refer cases for criminal prosecution.

I understand that as a condition of employment I must:

- Abide by the terms and provision of the Drug Free Workplace Policy and
- Notify the University of any Criminal Drug Conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Employee Signature _____ Date _____

Emergency Contact

Name: _____ Day Phone: _____ Day Phone: _____

Address: _____ City: _____ State: _____ Zip: _____