



# Robert Morris University Direct Deposit Change Form

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Last 4 digits of SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Direct Deposit Changes

Primary Bank: \_\_\_\_\_

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

Checking Account  Savings Account Entire Net Pay?  Yes  No

Additional Bank 1: \_\_\_\_\_

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

Checking Account  Savings Account Amount of Deposit: \$ \_\_\_\_\_

Additional Bank 2: \_\_\_\_\_

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

Checking Account  Savings Account Amount of Deposit: \$ \_\_\_\_\_

Additional Bank 3: \_\_\_\_\_

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

Checking Account  Savings Account Amount of Deposit: \$ \_\_\_\_\_

Please return this form to: **Amy Rice, Payroll Supervisor**  
**Lower Level, Revere Center**

**PLEASE NOTE:** *In an effort to protect your banking information, we recommend delivering this form in person or through interoffice mail to the payroll office. If you send the form through email or by regular mail, we will contact you via telephone using your RMU phone extension to verify the changes. In the event that you do not have a direct RMU extension, we will contact you using the telephone number we currently have on your payroll record.*