



Section 1.	Transaction Type (Select one)		
Complete form in ink only.	<input type="checkbox"/> New Setup (Complete Sections 1, 2, & 3)	<input type="checkbox"/> Change (Complete Sections 1, 2, & 3)	<input type="checkbox"/> Cancellation (Complete sections 1 & 2)
Bank Information for: <input type="checkbox"/> Both <input type="checkbox"/> Payroll <input type="checkbox"/> Reimbursements/Refunds			

Section 2.	Authorization for New Direct Deposit or Cancellation of Existing Direct Deposit		
I authorize the College of St. Scholastica to initiate automatic deposits to this account. I understand that I will receive e-mail notification to my CSS email address when funds have been released to the account listed on this form or if my deposit is rejected by the financial institution. I understand that it is my responsibility to verify funds are in the account prior to withdrawing the funds. This agreement will be cancelled if the account is closed or a cancellation notice is received.			
Printed Name:		ID # (VorB):	
Address:	City:	State:	Zip:
Signature:			Date:

Section 3.	Account Information: Attach a preprinted, voided check here. <u>OR</u>		
If you do <u>not</u> have preprinted checks or you have a savings account this section must be completed by a representative of your financial institution (bank). An official bank letter will be accepted in place of this section. <i>This section CANNOT be completed by the student or employee.</i>			
Financial Institution (Bank) Name:		City:	State:
Routing Number:	Account #:	Type: (circle one) Checking Savings	
F.I. Representative Name:	Title:	Phone #:	
F.I. Representative Signature:			Date:

Section 4.	Payroll Distribution (optional): FACULTY/STAFF ONLY		
Complete this section only if you would like your funds distributed to more than one account.			
1st Financial Institution Name:		Deposit: (select one) <input type="checkbox"/> All <input type="checkbox"/> _____% <input type="checkbox"/> \$ _____ of my net pay per pay period.	
Routing Number:	Account Number:	Type: (circle one) Checking Savings	
2nd Financial Institution Name:		Deposit: (select one) <input type="checkbox"/> All <input type="checkbox"/> _____% <input type="checkbox"/> \$ _____ of my net pay per pay period.	
Routing Number:	Account Number:	Type: (circle one) Checking Savings	
3rd Financial Institution Name:		Deposit: (select one) <input type="checkbox"/> All <input type="checkbox"/> _____% <input type="checkbox"/> \$ _____ of my net pay per pay period.	
Routing Number:	Account Number:	Type: (circle one) Checking Savings	

Secure dropoff locations are Business Office lockbox (T1130) and Payroll (T2612)

Questions? Contact Lindsey Ruhnke at x6126 or lruhnke@css.edu.

Please allow 5-7 business days for processing.