

Direct Deposit Authorization Form

Check one box	<input type="checkbox"/> Start Complete section 1 and attach a voided check (or complete 2)	<input type="checkbox"/> Change	<input type="checkbox"/> Stop Complete section 1
Section 1 Authorization for New Direct Deposit or Cancellation of Existing Direct Deposit			
Bank Information for:		<input type="checkbox"/> Student Payroll	
<p>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.</p>			
Printed Name:		ID # (VorB):	
Address:	City:	State:	Zip:
Signature:		Phone:	Date:
Section 2	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/document will be accepted in place of this section. <i>This section should not 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:

**To receive reimbursements/refunds via direct deposit, please set up a refund profile in the billing portal.*

**Secure drop off location: Accounts Receivable Office (T2600) or
Mail to 1200 Kenwood Avenue, Duluth, MN 55811, ATTN: Accounts Receivable**

Please allow 5-7 business days for processing