

## Direct Deposit Authorization Form

<b>Check one box</b>	<b>Start</b> Complete section 1 and attach a voided check (or complete 2)	<b>Change</b>	<b>Stop</b> Complete section 1
<b>Section 1 Authorization for New Direct Deposit or Cancellation of Existing Direct Deposit</b>			
<b>Bank Information for: (select one)      Both      Payroll      Reimbursements/Refunds</b>			
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.			
Check box if you are faculty/staff: <input type="checkbox"/>			
Printed Name:		ID # (VorB):	
Address:	City:	State:	Zip:
Signature:		Phone:	Date:
<b>Section 2</b>	<b>Account Information:</b> Attach a preprinted, voided check here or enter your account information.		
Financial Institution (Bank) Name:		City:	State:
Routing Number:	Account #:	Type: (circle one) Checking      Savings	
~OR~ <i>Same as (circle one):</i> <i>Payroll</i> <i>Reimbursements/Refunds</i>			
<b>Section 3</b>	<b>Payroll Distribution (optional): FACULTY/STAFF ONLY</b> Complete this section only if you would like your funds distributed to more than one account.		
1st Financial Institution Name:		Deposit: (select one)    All _____% \$ _____ of my net pay per pay period.	
Routing Number:	Account Number:	Type: (circle one) Checking      Savings	
2nd Financial Institution Name:		Deposit: (select one)    All _____% \$ _____ of my net pay per pay period.	
Routing Number:	Account Number:	Type: (circle one) Checking      Savings	
3rd Financial Institution Name:		Deposit: (select one)    All _____% \$ _____ of my net pay per pay period.	
Routing Number:	Account Number:	Type: (circle one) Checking      Savings	

**Secure drop off location: Payroll Office (T2405) or**  
**Mail to: 1200 Kenwood Avenue, Duluth, MN 55811, ATTN: Payroll**  
Please allow 5-7 business days for processing.

*For individuals receiving a refund via direct deposit, please be advised there are new processing requirements for funds being sent to a financial institution outside of the US. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, please advise Christy Alvar at (218) 723-7045. If you receive your payroll via direct deposit at a U.S. financial institution and then have the entire payroll amount forwarded to a financial institution in another country please advise the payroll department. There are formatting requirements for these transactions that CSS needs to follow. It will not impact your payroll.*      Revision 6/14