ST. OLAF COLLEGE

PAYMENT AUTHORIZATION FORM

IDENTIFICATION

Faculty/Staff

- ☐ New Hire
- ☐ Change Existing
- ☐ Discontinue Until ___/____/____
- ☐ Discontinue Permanently

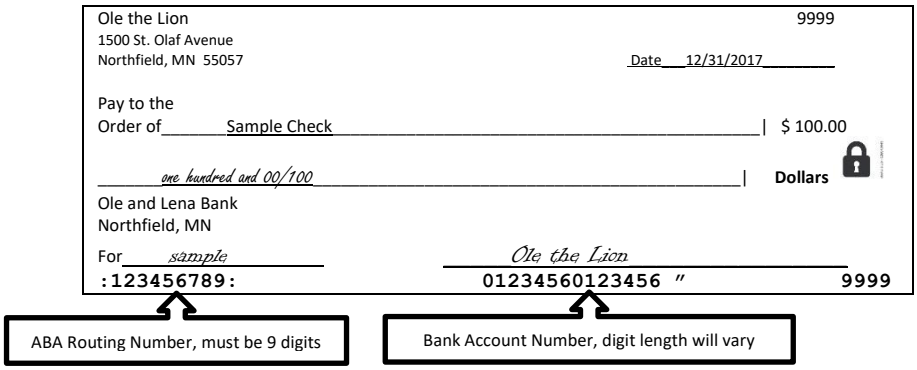
Students

☐ **Direct Deposit Authorization** (circle all applicable):

Academic Year Work Summer Work Refunds or Accounts Payable Payments

☐ **Tuition Deduction** (Academic year only) Net pay is credited directly to the comprehensive fee account. Students may not withdraw any of these earnings until account is paid in full.

BANK INFORMATION



Primary Account

Financial Institution Name_____ City_____ State_____

Routing Number ☐☐☐☐☐☐☐☐☐ ☐ Checking ☐ Savings

Account Number_____ (NOTE: This is **not** your credit/debit card number.)

Secondary Account (Faculty/Staff Only)

I wish to deposit $ _____per payroll into the account shown below (fixed dollar amount):

Financial Institution Name_____ City_____ State_____

Routing Number ☐☐☐☐☐☐☐☐☐ ☐ Checking ☐ Savings

Account Number_____ (NOTE: This is **not** your credit/debit card number.)

AUTHORIZATION

This form is to be used as indicated above. I authorize St. Olaf College to initiate electronic entries to my indicated checking or savings account. In the event of an error, I also authorize St. Olaf College to direct my bank to return any deposited funds to which I was not entitled by debiting my bank account as appropriate. I understand that I will receive an email notification to my St. Olaf email address if funds have been rejected by the financial institution. This agreement will be cancelled if the account is closed or a cancellation notice is received. I confirm that these funds will not be transmitted to a financial agency outside the territorial jurisdiction of the U.S. Bank information is provided to Accounts Payable in the event of a reimbursement or refund unless Payroll is notified otherwise.

Name Employee ID or Student Number

Signature Date

Be sure to sign and date the form and return it to the Payroll or Accounts Payable Office (Tomson Hall, room 131).

Rev. May 2019