

## IDENTIFICATION

### Faculty/Staff

- New Hire
- Change Existing
- Discontinue Until \_\_\_\_\_
- Discontinue Permanently

### Students

- Direct Deposit Authorization** (Check all that apply)
- 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

|  |                                |
|--|--------------------------------|
| Ole the Lion<br>1500 St. Olaf Avenue<br>Northfield, MN 55057 | 9999<br>Date <u>12/31/2017</u> |
| Pay to the<br>Order of <u>Sample Check</u>                   | \$ 100.00                      |
| <u>one hundred and 00/100</u>                                | Dollars                        |
| Ole and Lena Bank<br>Northfield, MN                          |                                |
| For <u>sample</u>  | <u>Ole the Lion</u>            |
| :123456789:  | 01234560123456 " 9999          |

ABA Routing Number, must be 9 digits

Bank Account Number, digit length will vary

### Primary Account

Financial Institution Name MY BANK City NORTHFIELD State MN  
 Routing Number 1234:1234:1234:123  Checking  Savings  
 Account Number 10987 (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 Sally StOlaf Employee ID or Student Number 654321

Signature Sally StOlaf Date 10/1/20