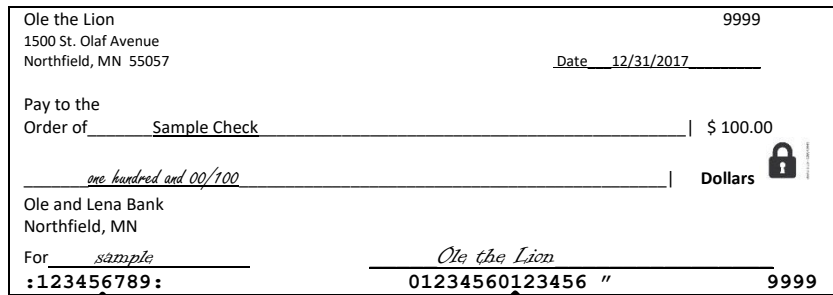


IDENTIFICATION
Faculty/Staff

- 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


ABA Routing Number, must be 9 digits

Bank Account Number, digit length will vary

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 _____