

PAYMENT AUTHORIZATION FORM

IDENTIFICATION		
Faculty/Staff ☐ New Hire		Students ☐ Direct Deposit Authorization (circle all applicable):
☐ Change Existing		Academic Year Work Summer Work Refunds or
☐ Discontinue Until//		Accounts Payable Payments
☐ Discontinue Permanently		☐ 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		
		9999 <u>Date 12/31/2017</u> e Check \$ 100.00
ABA Ro	one handred and OO Ole and Lena Bank Northfield, MN For sample : 123456789:	Dollars Dollars Ole the Lion 01234560123456 " 9999 Olive the Lion Olive the Children Olive the Childre
Primary Account		
Financial Institution NameCityState		
Routing Number Checking Savings		
Account Number (NOTE: This is not your credit/debit card num		
Secondary Account (Faculty/Staff Only)		
I wish to deposit \$per payroll into the account shown below (fixed dollar amount):		
Financial Institution Na	ame	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