

## PAYMENT AUTHORIZATION FORM

IDENTIFICATION				
<b>Faculty/Staff</b> ☐ New Hire		Students  Direct Deposit Authorization (circle all applicable):		
☐ Change Existing	, , ,	Academic Year Work	Summer Work	Refunds
☐ Discontinue Until//		☐ Tuition Deduction (Aca	ademic vear only) Net n	ay is credited directly to
☐ Discontinue Perman	ently	the comprehensive fee account. Students may not withdraw any of these earnings until account is paid in full.		
BANK INFORMATION				
ABA Rout	Ole the Lion 1500 St. Olaf Avenue Northfield, MN 55057  Pay to the Order of Sample  one handred and Ole and Lena Bank Northfield, MN  For sample : 12345 6789:	Ole the Lion 01234560123	9999	
Primary Account				
Financial Institution Name City State				
Routing Number Checking Savings				
Account Number (NOTE: This is <b>not</b> 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 Na	me	Ci	ty	State
Routing Number			Checking Sa	avings
Account Number (NOTE: This is <b>not</b> your credit/debit card nu				redit/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				
Address		City	State	Zip
Signature			Date	