



Saint Louis University Direct Deposit Authorization Form

Name: _____ Banner ID: _____ SSN: _____

Employing Department: _____ Work Phone or Email: _____

I hereby authorize Saint Louis University Payroll Services to:

Start New Direct Deposit. **Note: A voided check must accompany this form in order to verify account information. If you only have a deposit slip available, you may attach it AND a preprinted card from your bank which indicates the bank's routing number. Many deposit slips do not have the ACH (routing) number of the bank printed on them.***

Stop All Direct Deposit(s)

Reinstate Previous Direct Deposit (accuracy of previous routing numbers and account numbers must be verified with payroll)

Change my Direct Deposit as follows:

Change all (a *change all* replaces all currently active direct deposit allocations). Fill in every line of bank information to show how your check should now be deposited.

Add new account(s) (existing accounts will remain unchanged) See "Note" above on Start New Direct Deposit.

Remove account(s) (other accounts will remain unchanged). Please note: You must have a primary account.

Change amount to be deposited for secondary account(s).

All new accounts are "pre-noted" and your check will be mailed to your permanent address during the pre-note process.

The verification process may take up to two pay periods, provided there were no errors returned on your account. Once your direct deposit becomes active, your pay stub will NOT be mailed to you. Your pay stub can only be viewed and printed through [Banner Self Service](#). You may only sign up for a maximum of three accounts. Faxed or emailed direct deposit forms cannot be accepted.

Primary Account (Required): The amount of deposit to the Primary Account is your net pay less any direct deposits to the secondary account(s) listed below.

1. Bank Name: _____ Checking: Savings: Money Market:
(attach voided check or deposit slip*)

Routing#: _____ Account#: _____
Located on the bottom left of your check (9 digits)

Secondary Account for Deposit (Optional):

Amount to be deposited each pay period:

2. Bank Name: _____ Checking: Savings: Money Market:
(attach voided check or deposit slip*)

Routing#: _____ Account#: _____
(9 digits)

Additional Secondary Account for Deposit (Optional):

Amount to be deposited each pay period:

3. Bank Name: _____ Checking: Savings: Money Market:
(attach voided check or deposit slip*)

Routing#: _____ Account#: _____
(9 digits)

I hereby authorize Saint Louis University, hereafter called SLU, to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the depository named above, hereafter called DEPOSITORY.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason. I understand that in the event that my financial institution(s) is/are not able to deposit an electronic transfer into my account due to any action I take, the University cannot issue the funds to me until the funds are returned to the University by the financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request. I understand that I must immediately notify Payroll Services before I close any/all account(s) listed above while this authorization is in effect.

Send completed forms to: Saint Louis University Payroll Services, 3545 Lindell Blvd., St. Louis, MO 63103 or drop off form at the Human Resources desk on the first floor in the Lindell Office Building.

Signature: _____ Date: _____