

Direct Deposit Authorization Form

Personal Information	Name:	
	Concordia University I.D. (H-number):	
Direct Deposit Net Amount	Please deposit any amounts owed to me by Concordia University, including my net payroll, employee expense reimbursements, cash advances and other payables to the account indicated below.	
	If I wish to have my net pay (payroll only) split among two or more accounts, I have indicated these additional accounts on the back of this form. I understand that my net pay from payroll will be deposited first into the account(s) listed on the back in the amount(s) indicated, and my remaining net pay will be deposited into the account below.	
	Name of Bank:	
Bank Information	City and State:	
	Checking Account Savings Account	
	Bank Transit Routing Number Must be 9 digits	
	Account Number	
I understand that I am responsible to check with my selected banking facility to determine that they will receive direct deposit payroll funds for my account, and that I am responsible for any bank charges made to my account for this service by my bank. It is my responsibility to ensure the accuracy of the bank information indicated above. I further understand that it is my responsibility to notify Concordia University in writing of any changes to the information above, and to provide a reasonable amount of time for the changes to be made. My failure to do so may result in a delay of payments. Finally, I understand that the University reserves the right to issue payment in the form of a check.		
Employee Sig	nature Date	

Please attach a voided check or savings deposit slip if available and return this form to the Office of Human Resources, Addison 128. In most cases you will receive one or two additional checks after this form is submitted to allow for the processing of a prenote (test) transaction.

Direct Deposit of fixed amount	Account Priority 1: Please deposit \$ into this account.
Bank Information	Name of Bank: City and State: Savings Account Bank Transit Routing Number Must be 9 digits Account Number
Direct Deposit of fixed amount	Account Priority 2: Please deposit \$ into this account.
Bank Information	Name of Bank: City and State: Checking Account Savings Account Bank Transit Routing Number Must be 9 digits
	Account Number
Direct Deposit of fixed amount	Account Priority 3: Please deposit \$ into this account.
Bank Information	Name of Bank: City and State: Checking Account Savings Account Bank Transit Routing Number Must be 9 digits
	Account Number