

# Direct Deposit Authorization Form

University of St Thomas

NAME	UST ID OR SSN
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- Student Employee       Faculty or Staff

I authorize the University of St. Thomas and the financial institutions named below to deposit my net pay to my account(s) as indicated below and to deposit my employee expense reimbursements to the primary bank listed below. This includes my authorization to the University of St. Thomas to reverse any deposits made to my account in error. This authorization will remain in effect until either I or my financial institution gives written notice to the University of St. Thomas to cancel or change my direct deposit. I also understand that this authorization can take up to two pay periods to go into effect.

Attach a voided personal check to ensure accurate account information. If you do not have a personal check call your bank to ensure that the routing number and account number you provide are correct.

**Primary Bank:** This account will be used for all employee expense reimbursements and the entire net paycheck left after deposits into secondary bank accounts.

- Add account  
 Change account  
 Cancel account

BANK NAME	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
ROUTING NUMBER	ACCOUNT NUMBER

**First Secondary Bank (optional):** Available for Payroll Only

- Add account  
 Change account  
 Cancel account  
 Change amount

BANK NAME	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ROUTING NUMBER	ACCOUNT NUMBER	
Amount to be deducted (flat or percentage)	FLAT DOLLAR AMOUNT	PERCENTAGE OF NET

**Second Secondary Bank (optional):** Available for Payroll Only

- Add account  
 Change account  
 Cancel account  
 Change amount

BANK NAME	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
ROUTING NUMBER	ACCOUNT NUMBER	
Amount to be deducted (flat or percentage)	FLAT DOLLAR AMOUNT	PERCENTAGE OF NET

Please print this document and include your **handwritten** signature.

SIGNATURE	DATE
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All direct deposit changes must be submitted one week before the relevant payday.

PLEASE SUBMIT COMPLETED FORMS TO THE UST PAYROLL DEPARTMENT