

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY AND REIMBURSEMENTS



(Please print or type all information)

FMPI OYFF INFORMATION

EMPLID# → Ent		HOME #					
LAST NAME	FIRST	NAME			MI	WOR	K PHONE #
ENROLLMENT OR CHANGE AUTH (Complete this section for new enrollment, fina accounts within six financial institutions. The CHECK IF ADDITIONAL PAGE IS ATTACHED	ancial institu	ition or ac					
PRIMARY ACCOUNT: (This is the a deducted. It is							
SELECT ONE: New Enrollment Ba	t Deposit ACCOUNT TYPE (C			PE (CHECK ONE) necking Savings			
BANK OR CREDIT UNION NAME	CITY			STATE	* ROUTIN	ıg#	* ACCOUNT #
Please attach a voided check blank	for this a	ccount		1			
CECOND ACCOUNT OF OR & OF A	IET DICT	DIDLIT	ION-		0/	O D	\$
SECOND ACCOUNT: % OR \$ OF N					%	OR OUNT TYP	PE (CHECK ONE)
SELECT ONE: New Enrollment	Change		ancel Direct Depo			□a	necking Savings
BANK OR CREDIT UNION NAME	CITY			STATE	* ROUTIN	IG #	* ACCOUNT #
Please attach a voided check blank	for this a	ccount					
THIRD ACCOUNT: % OR \$ OF NET DISTRIBUTION:					<u>%</u>	OR	\$
SELECT ONE: New Enrollment	Change		Cancel Direct Depo	osit	ACCO		PE (CHECK ONE) necking Savings
BANK OR CREDIT UNION NAME	CITY			STATE	* ROUTIN	ıg #	* ACCOUNT #
Please attach a voided check blank	for this a	ccount		•			
							. [
FOURTH ACCOUNT: % OR \$ OF NET DISTRIBUTION:			ION:		<u>%</u>	OR	\$
SELECT ONE: New Enrollment	Change		ancel Direct Depo	osit	ACCO		PE (CHECK ONE) necking Savings
BANK OR CREDIT UNION NAME	CITY			STATE	* ROUTIN	ıg #	* ACCOUNT #
Please attach a voided check blank	for this a	ccount					
I authorize the University of North Dakota, to i account(s) indicated above and to correct any of these transactions to these accounts. This aut me to cancel or change this authorization. I un submitted to North Dakota University System. Services disbursements. A separate Direct Dep	errors which horization i: nderstand th I understan	may occu s to remainat submind that this	ur from these tra in in force until l ssion of this req s agreement doe	ansactions North Dako Juest will si Les not appl	. I also auth ota Universit upersede an y to Student	orize th y Systen y other (e Financial Institution to post n receives written notice from direct deposit requests I have
SUBMIT TO: PAYROLL OFFICE							
BOX 7127, Twamley Room 312			EMPLOYE	DATE			

Important Notice: Due to the time required for payroll and bank processing, allow one pay period for implementation.



AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY AND REIMBURSEMENTS CONTINUED - PAGE 2



EMPLOYEE INFORMATION

EMPLOYEE ID OR SSN L	AST NAME		FIRST	IAME	MI						
FIFTH ACCOUNT: % OR \$ O	E NET DISTRI	PLITION		∃% OR	¢ [
FIFTH ACCOUNT: % OR \$ O	T NET DISTRI	BUTION:			\$	E)					
SELECT ONE: New Enrollment Change Cancel Direct Deposit				it ACCOUNT TYPE (CHECK ONE) Checking Savings							
BANK OR CREDIT UNION NAME	CITY		STATE	* ROUTING #	* ACCOUNT	#					
Please attach a voided check	 blank for this a	ccount									
SIXTH ACCOUNT: % OR \$ O	F NET DISTRI	BUTION:		% OR	\$						
SELECT ONE: New Enrollment	Change	Cancel Dire	ct Deposit	ACCOUNT	TYPE (CHECK ONI	E) Savings					
BANK OR CREDIT UNION NAME	CITY		STATE	* ROUTING #	* ACCOUNT						
Please attach a voided check blank for this account											
SEVENTH ACCOUNT: % OR	\$ NFT DISTRI	BUTION		% OR	\$						
SELECT ONE: New Enrollment	Change	Cancel Dire	at Donasit		TYPE (CHECK ON						
BANK OR CREDIT UNION NAME	CITY	<u>—</u>	STATE	* ROUTING #	* ACCOUNT	Savings					
				KOUTING #	ACCOUNT	<i>π</i>					
Please attach a voided check	blank for this a	ccount									
EIGHTH ACCOUNT: % OR \$	OF NET DISTI	RIBUTION:		% OR	\$						
SELECT ONE: New Enrollment	Change	Cancel Dire	ct Deposit	ACCOUNT	TYPE (CHECK ONI Checking	E) Savings					
BANK OR CREDIT UNION NAME	CITY		STATE	* ROUTING #	* ACCOUNT						
Please attach a voided check	 blank for this a	ccount									
				¬₀,	.						
NINTH ACCOUNT: % OR \$ (F NET DISTRI	IROLION:		% OR	\$ L	F)					
SELECT ONE: New Enrollment	Change	Cancel Dire	ct Deposit	Account	Checking	Savings					
BANK OR CREDIT UNION NAME	CITY		STATE	* ROUTING #	* ACCOUNT	#					
Please attach a voided check	blank for this a	ccount									
TENTH ACCOUNT: % OR \$ (OF NET DISTR	IRLITION:		% OR	\$						
					TYPE (CHECK ONI	E)					
SELECT ONE: New Enrollment	Change	Cancel Dire	<u> </u>		Checking	Savings					
BANK OR CREDIT UNION NAME	CITY		STATE	* ROUTING #	* ACCOUNT	#					
Please attach a voided check	blank for this a	ccount	1 1								
I authorize the University of North Dak account(s) indicated above and to corre these transactions to these accounts. me to cancel or change this authorizati submitted to North Dakota University S disbursements. A separate Direct Depo	ect any errors which This authorization is ion. I understand th System. I understan	may occur from the s to remain in force nat submission of tl d that this agreeme	nese transactions. I e until North Dakota his request will sup ent does not apply	also authorize a University Syst ersede any othe	the Financial I em receives w er direct depos	nstitution to post ritten notice from it requests I have					
SUBMIT TO PAYROLL OF	FICE										
BOX 7127, Twamley Roo	EMP	PLOYEE SIGNATI	JRE		DATE Form date 05/06/2014						