

Direct Deposit Authorization



EMPLOYEE INFORMATION

Name (please print clearly): _____

ID Number or Social Security Number: _____

Account Information (check one): ☐ New ☐ Change

ACCOUNT INFORMATION

This form allows you to activate or change your financial institution for payroll. Your payroll earnings will automatically be deposited into your financial institution account by providing the following:

PROVIDE INFORMATION FROM YOUR FINANCIAL INSTITUTION

ACCOUNT ONE

Bank Name: _____

Account Type (check one): ☐ Checking Account ☐ Savings Account

Routing Number: _____

Account Number: _____

ACCOUNT TWO (OPTIONAL)

Bank Name: _____

Account Type (check one): ☐ Checking Account ☐ Savings Account

Routing Number: _____

Account Number: _____

\$_____ TO BE PUT IN ACCOUNT TWO

SIGNATURE

I authorize Gustavus Adolphus College to initiate electronic deposits into my indicated checking or savings account(s). In the event of an error, I also authorize Gustavus Adolphus College to direct my bank to return any deposited funds to which I was not entitled by debiting my bank account as appropriate.

Signature: _____ Date: _____