



Direct Deposit Agreement

Personal Information

Employee I.D. :

Name:

Last

First

M.I.

Account Information

Name of financial institution	Account Type		Routing number	Account number	Dollar amount or percentage of pay
	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>			
	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>			
	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>			

Please attach canceled or voided check here. If more than one account, use the back of this form

I hereby authorize University of St. Thomas, to initiate automatic deposits to my account at the financial institution named below. I also authorize University of St. Thomas to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold University of St. Thomas responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until University of St. Thomas receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Signature: _____

Date: _____