

**AUTHORIZATION FOR DIRECT DEPOSIT OF
EMPLOYEE PAY AND REIMBURSEMENTS**
(Please print or type all information)



EMPLOYEE INFORMATION

EMPLID#	→ Enter SS# ONLY if EMPLID# unknown →	SS#	HOME #
LAST NAME	FIRST NAME	MI	WORK PHONE #

ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollment, financial institution or account changes). All employees may select up to a maximum of ten accounts within six financial institutions. The employee should complete the additional page of the authorization form, if needed.

CHECK IF ADDITIONAL PAGE IS ATTACHED

PRIMARY ACCOUNT: (This is the account where your paycheck is deposited after % or \$ amount is deducted. It is also the account where your reimbursements are deposited.)

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Bank/AccountChange <input type="checkbox"/> Cancel Direct Deposit	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please verify account information

SECOND ACCOUNT: % OR \$ OF NET DISTRIBUTION: % OR \$

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please verify account information

THIRD ACCOUNT: % OR \$ OF NET DISTRIBUTION: % OR \$

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please verify account information

FOURTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % OR \$

SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #

Please verify account information

I authorize the [Name] to initiate accounting transactions to deposit my employee pay and reimbursements directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until [Name] receives written notice from a Y to cancel or change this authorization. I understand that submission of this request will supersede any other direct deposit requests I have submitted to North Dakota. I understand that this agreement does not apply to Student Financial Aid or Student Account disbursements. A separate Direct Deposit Request must be filed with Student Account Services.

**SUBMIT TO: PAYROLL OFFICE
BOX 7127, Twamley Room 312**

EMPLOYEE SIGNATURE DATE

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



EMPLOYEE INFORMATION

EMPLOYEE ID OR SSN	LAST NAME	FIRST NAME	MI
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FIFTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please verify account information

SIXTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please verify account information

SEVENTH ACCOUNT: % OR \$ NET DISTRIBUTION % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please verify account information

EIGHTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please verify account information

NINTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please verify account information

TENTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please verify account information

I authorize the UND to initiate accounting transactions to deposit my employee pay and reimbursements directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until I receive written notice from the Financial Institution to cancel or change this authorization. I understand that submission of this request will supersede any other direct deposit requests I have submitted to the Financial Institution. I understand that this agreement does not apply to Student Financial Aid or Student Acct Services disbursements. A separate Direct Deposit Request must be filed with the Student Acct Services.

**SUBMIT TO PAYROLL OFFICE
BOX 7127, Twamley Room 312**

EMPLOYEE SIGNATURE

DATE
Form date 05/06/2014