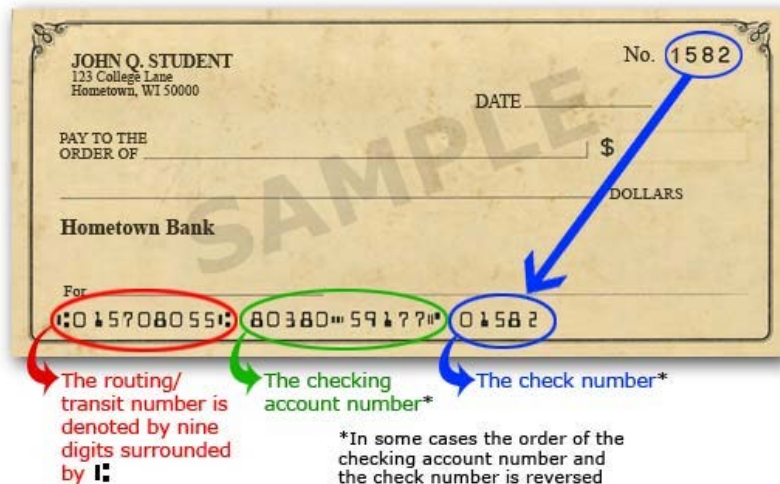


AUTHORIZATION FOR DIRECT DEPOSIT – EMPLOYEE FORM (11/27/17)

This authorizes St. Norbert College to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries.

Account #1			
Employee Bank Name:		Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing # (9 –digit number required):		Account #:	
Percentage or Dollar Amount to be Deposited to This Account:			
Account #2			
Employee Bank Name:		Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing # (9 –digit number required):		Account #:	
Percentage or Dollar Amount to be Deposited to This Account:			
Account #3			
Employee Bank Name:		Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing # (9 –digit number required):		Account #:	
Percentage or Dollar Amount to be Deposited to This Account:			

Please attach a voided check and/or a savings deposit slip for each account, **if available**.



The authority is to remain in full force until St. Norbert College has received **written notification** from me of its termination in such timely manner as to afford St. Norbert College and the above Financial Institution a reasonable opportunity to act on it.

Printed Name

Employee or Student ID# (SNC ID#)

Signature

Date

IMPORTANT: This document must be signed and returned to [Payroll Services](#) or the [Human Resources Department](#).