



REQUEST AND AUTHORIZATION FOR DIRECT DEPOSIT
PAYROLL EARNINGS – Federal Work-Study

Please complete this form and return to the Payroll Department. A separate form must be completed for each deposit. The maximum number of direct deposit accounts allowed is three with no more than two checking accounts or two savings accounts. Please attach a voided check or deposit ticket (for savings accounts only) to this form for verification purposes only. Please note that your name must appear as an account owner for all direct deposits. We are unable to process a direct deposit to any account which you are not an owner.

This form is for your work-study award only and will NOT be used toward any other paycheck(s) you receive from the University.

If ANY portion of this form is filled out incorrectly, is illegible, and/or if the voided check, deposit slip, and/or supplied numbers are not correct or complete, this form will be voided and you will receive a paper check.

Please note: The paycheck following the submission of this form will still be a paper check. This pay cycle will be used as a test to verify that all information is accepted by the payroll company. If the cycle is successful in verifying your information, your proceeding checks will be direct deposit.

Employee Name: _____ Social Security Number: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Bank Routing Number: _____ (9 digits from the left at the bottom of the check/deposit slip)

Bank Account Number: _____ Type of Account: _____ Checking _____ Savings

Choose one option:

- Fixed Amount of \$ _____
- Entire Net Pay

I hereby authorize Finlandia University to initiate credit entries to the aforementioned account and, if necessary, debit entries and adjustments in the event of an error made to a credit entry. I understand that this direct deposit will typically take effect the second payday following the receipt of this form by the Payroll Department. This request will remain in effect until I have made a written request to stop or change my direct deposit. I will notify the Payroll Department one week prior to payday in the event I close this account.

Employee Signature Date

COMPLETE THIS SECTION IF YOU WISH TO CHANGE THE DEPOSIT AMOUNT TO THIS ACCOUNT.

I wish to change the amount deposited to this account effective _____ payday to the following:
(check one)

- Entire Net to Fixed amount of _____
- Fixed amount of _____ to Entire Net
- Fixed amount of _____ to new Fixed amount of _____

Signature Date

COMPLETE THIS SECTION IF YOU WISH TO DISCONTINUE DIRECT DEPOSIT TO THIS ACCOUNT.

I wish to discontinue direct deposit to this account effective _____ payday.

Signature Date