

# MINOT STATE UNIVERSITY

## PAYROLL DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name (please print) \_\_\_\_\_

EMPL ID# \_\_\_\_\_

Social Security No. \_\_\_\_\_

I authorize Minot State University and the financial institution(s) listed below to initiate electronic credit entries for the below selected transaction(s), and if necessary, debit entries and adjustments for any credit entries in error to my account.

When direct deposit paperwork is submitted, the system will send a prenotification of the account and the transit/routing number to the bank. If a prenote is successfully processed, the funds will be deposited in the first payroll after this validation is successful. Any changes to a current direct deposit will generate a prenote and a paper check will be issued until validation is successful.

Yes \_\_\_ No \_\_\_ Are you currently employed at any other ConnectND organization (including the State of ND, universities, Bank of ND etc.) using the Connect ND PeopleSoft System? If yes, any changes made to existing data on this record affects ALL of the paychecks across any organizations.

### DIRECT DEPOSIT ACCOUNT INFORMATION

FINANCIAL INSTITUTION \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

Checking \_\_\_ OR Savings \_\_\_  
(Please check one)

Balance \_\_\_ OR Amount \$ \_\_\_\_\_  
(Please specify amount per pay period)

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

*Please attach a voided blank check or a savings deposit slip for account validation.*

\*\*\*\*\*

FINANCIAL INSTITUTION \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

Checking \_\_\_ OR Savings \_\_\_  
(Please check one)

Balance \_\_\_ OR Amount \$ \_\_\_\_\_  
(Please specify amount per pay period)

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

*Please attach a voided blank check or a savings deposit slip for account validation.*

\*\*\*\*\*

#### Acknowledgement

I acknowledge, by my signature below, that I understand each check, pending account validation, from Minot State University will be directly deposited to the above named account until I notify the Payroll Office in writing to change or discontinue this process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

For Business Office Use Only:

Date Input:

Input By: