

LAKE SUPERIOR STATE UNIVERSITY

DIRECT DEPOSIT

AUTHORIZATION FORM

My signature authorizes Lake Superior State University to deposit my paycheck into the financial institution indicated below. (For your convenience local banks are listed. If your bank is not listed, please supply the routing number and bank name in the blank lines provided below.)

Savings	Checking	Routing #	Financial Institution Name	Account #	Amount or Percentage
<i>Check one</i>					
_____	_____	091101280	Central Savings Bank	_____	_____
_____	_____	291173047	Chippewa County Credit Union	_____	_____
_____	_____	072400528	Citizens Bank	_____	_____
_____	_____	291173050	Federal Emp. Credit Union	_____	_____
_____	_____	072403473	Huntington Bank	_____	_____
_____	_____	091102807	MBank	_____	_____
_____	_____	091113980	Old Mission Bank	_____	_____
_____	_____	291173076	Soo Co-op Credit Union	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTE:

- Effective starting date for direct deposit is with my paycheck dated _____ (allow 7 business days for processing). Direct deposits into the above account(s) will continue until you notify us in writing to stop the deposit.
- Employees **MUST** provide:
 1. A letter, on company letterhead, from your financial institution stating the institution's nine digit American transit/routing number, and your account number (*this documentation is required if funds are deposited into a foreign financial institution*); or
 2. A deposit slip if the funds are deposited into a savings account; or
 3. A voided check if the funds are deposited into a checking account.
 4. If the above documentation is not provided, the Payroll Office cannot guarantee deposit of your funds to the correct financial institution or account.

I understand that if my account at the bank has been changed or closed I must inform the Payroll Department in writing. Changes to Direct Deposits must be made 7 business days prior to the pay date you wish the change to occur on. Lake Superior State University is not responsible for money that is not deposited into the stated bank account above because of lack of notification of a change.

Signature

Date

Print Name

Banner ID or Social Security Number

THIS REPLACES AND REVOKES ALL EARLIER DIRECT DEPOSIT FORMS