



Direct Deposit Authorization Form

Employee Name _____ Employee/Student ID Number _____ Effective Date _____

Instructions: Please provide your bank and account information for each account that will receive direct deposit each payday. You may elect to have no more than four different accounts receive direct deposit. Please attach a voided check for all checking accounts and a voided deposit slip for all savings accounts. Only one account can be checked to receive the available balance.

ACCOUNT #1

Bank Name: _____ Bank Routing Number: _____
 Checking Savings Account Number: _____
 Cancellation Entire balance or Flat \$ _____

ACCOUNT #2

Bank Name: _____ Bank Routing Number: _____
 Checking Savings Account Number: _____
 Cancellation Entire balance or Flat \$ _____

ACCOUNT #3

Bank Name: _____ Bank Routing Number: _____
 Checking Savings Account Number: _____
 Cancellation Entire balance or Flat \$ _____

ACCOUNT #4

Bank Name: _____ Bank Routing Number: _____
 Checking Savings Account Number: _____
 Cancellation Entire balance or Flat \$ _____

Authorization: I hereby authorize Mitchell Hamline School of Law and the financial institution(s) listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error.

This authorization form revokes all prior authorizations and shall remain in effect until Mitchell Hamline receives either a new authorization form from me or written notice to cancel my direct deposit.

Employee Signature

Date