

CONCORDIA UNIVERSITY
WISCONSIN & ANN ARBOR

Direct Deposit Form

_____ F O O _____
Last Name (Please Print) First Name MI

New Enrollment Change in Enrollment (Circle One)

Bank Name _____

Bank Phone Number _____

Checking Account: - PLEASE ATTACH VOIDED OR CANCELED CHECK -

Account Number _____

Transit Routing Number _____

OR

Savings Account: - PLEASE VERIFY ACCOUNT INFORMATION FROM BANK PERSONNEL -

Account Number _____

Transit Routing Number _____

Name of Bank Personnel: _____

I authorize Concordia University and the Financial Institution listed above to initiate Electronic Deposit each pay period as follows. I understand that the Electronic Deposit will begin on my first payroll after returning this completed form to the Human Resources Department, assuming valid account and bank routing information has been provided.

Employee Signature

Date