



## Direct Deposit Enrollment/Change Form

Name \_\_\_\_\_ Concordia ID: \_\_\_\_\_

### Instructions and Notes

- Please complete this form in full to enroll in or change status for payroll Direct Deposit
- Funds can be distributed into a maximum of three accounts and all accounts must equal 100% of paycheck.
- Return form and all attachments to the Human Resources Department, MH 218.

### Protection of Your Information:

The information we collect and record is protected by physical, electronic, and procedural measures that comply with federal regulations. Only those employees who need this information to facilitate services are granted access.

### Action Desired

New Enrollment    Change in Enrollment    Cancel Enrollment

#### Account 1

Checking Account  
 Savings Account  
**Deposit Amount (% or \$)**  
 100% of paycheck -or-  
 \_\_\_\_\_% of paycheck -or-  
 \$ \_\_\_\_\_ per paycheck

#### Account 2

Checking Account  
 Savings Account  
**Deposit Amount (% or \$)**  
 100% of paycheck -or-  
 \_\_\_\_\_% of paycheck -or-  
 \$ \_\_\_\_\_ per paycheck

#### Account 3

Checking Account  
 Savings Account  
**Deposit Amount (% or \$)**  
 100% of paycheck -or-  
 \_\_\_\_\_% of paycheck -or-  
 \$ \_\_\_\_\_ per paycheck

### Bank Information

**Attach documents here**

**OR**

**Provide Routing & Account Number here**

### Signature

I authorize Concordia University and the financial institution(s) listed above to initiate electronic funds transfer each pay period.

_____ <b>Employee Signature</b>	_____ <b>Date</b>
_____ <b>HR Representative Signature</b>	_____ <b>Date Entered into Banner</b>