



**Concordia**  
UNIVERSITY · SAINT PAUL.

Office Use Only:	
L	_____
Initial	_____
Date	_____

**DIRECT DEPOSIT AUTHORIZATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**COMPLETE THIS SECTION FOR NEW DIRECT DEPOSIT OR FOR CHANGES**

Financial Institution _____	Checking _____	Savings _____
Routing Number _____	Account No _____	

This request will remain in effect until I have made a written request to stop or change my Direct Deposit.

It is my responsibility to notify Concordia University of closed account.

I understand that if a direct deposit is returned for any reason, I will be assessed with a \$15 bank fee.

With Direct Deposit, I authorize Concordia University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

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

**Please return completed form to:**

Concordia University

Attn: Carol Moran- AD-313

1282 Concordia Ave

St. Paul, MN 55104

11.14.19

Or scan and email to: [cmoran@csp.edu](mailto:cmoran@csp.edu)