



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 a 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 form to:
Concordia university
Attn: Tarah Hauger-AD 313
1282 Concordia Avenue
St. Paul, MN 55104
Or scan and email to hauger@csp.edu