



Student 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:

Account Number _____

Transit Routing Number _____

- PLEASE ATTACH VOIDED OR CANCELED CHECK -

Savings Account:

Account Number _____

Transit Routing Number _____

- PLEASE VERIFY ACCOUNT INFORMATION FROM BANK PERSONNEL -

Name of Bank Personnel: _____

I authorize Concordia University Wisconsin 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