

# SISSETON WAHPETON COLLEGE

## DIRECT DEPOSIT AUTHORIZATION

Full Legal Name: \_\_\_\_\_  
Please Print

Bank Name/Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_

**Initial by the appropriate item:**

\_\_\_\_\_ **Direct deposit:** The undersigned hereby requests and authorizes the entire amount of his/her paycheck each pay period to be deposited directly into the bank account designated above.

**If you would like to split your funds to be deposited into two or more different accounts or banks, please fill out the following:**

\_\_\_\_\_ **The undersigned hereby requests and authorizes the following:**

**Initial**

\$ \_\_\_\_\_ shall be deducted bi-weekly and directly deposited into Account #: \_\_\_\_\_  
**Bank Name: As above?** \_\_\_\_\_ **Other:** \_\_\_\_\_ Routing #: \_\_\_\_\_  Ck  S

\$ \_\_\_\_\_ shall be deducted bi-weekly and directly deposited into Account #: \_\_\_\_\_  
**Bank Name: As above?** \_\_\_\_\_ **Other:** \_\_\_\_\_ Routing #: \_\_\_\_\_  Ck  S

\$ \_\_\_\_\_ shall be deducted bi-weekly and directly deposited into Account #: \_\_\_\_\_  
**Bank Name: As above?** \_\_\_\_\_ **Other:** \_\_\_\_\_ Routing #: \_\_\_\_\_  Ck  S

\_\_\_\_\_ **I would like to cancel my direct deposit authorization:** The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposit previously submitted. **DATE:** \_\_\_\_\_

**Initial**

My signature below is my official authorization for Sisseton Wahpeton College to create debits/credits to the accounts specified above **OR** for Sisseton Wahpeton College to cancel previous authorization as noted. The debiting or crediting of the above accounts pertains only to payroll direct deposit authorization(s) stated herein.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date