

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY AND REIMBURSEMENTS

(Please print or type all information)



EMPLOYEE INFORMATION

EMPLID#	→ Enter SS# ONLY if → EMPLID# unknown	SS#	HOME #
LAST NAME	FIRST NAME	MI	WORK PHONE #

ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollment, financial institution or account changes). All employees may select up to a maximum of ten accounts within six financial institutions. The employee should complete the additional page of the authorization form, if needed.

CHECK IF ADDITIONAL PAGE IS ATTACHED

PRIMARY ACCOUNT: (This is the account where your paycheck is deposited after % or \$ amount is deducted. It is also the account where your flexcomp and reimbursements are deposited.)				
SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Bank/AccountChange <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
Please attach a voided check blank for this account				

SECOND ACCOUNT: % OR \$ OF NET DISTRIBUTION: <input type="text"/> % OR \$ <input type="text"/>				
SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
Please attach a voided check blank for this account				

THIRD ACCOUNT: % OR \$ OF NET DISTRIBUTION: <input type="text"/> % OR \$ <input type="text"/>				
SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
Please attach a voided check blank for this account				

FOURTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: <input type="text"/> % OR \$ <input type="text"/>				
SELECT ONE: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Cancel Direct Deposit			ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
Please attach a voided check blank for this account				

I authorize the State of North Dakota, to initiate accounting transactions to deposit my employee pay and reimbursements directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until the State of North Dakota receives written notice from me to cancel or change this authorization. I understand that submission of this request will supersede any other direct deposit requests I have submitted to the State of North Dakota. I understand that this agreement does not apply to Student Financial Aid or Student Account Services disbursements. A separate Direct Deposit Request must be filed with Student Account Services.

**SUBMIT TO: PAYROLL OFFICE
BOX 7127, Twamley Room 312**

EMPLOYEE SIGNATURE DATE

Important Notice: Due to the time required for payroll and bank processing, allow one or two pay periods for implementation. YOU WILL ALWAYS RECEIVE A CHECK until the changes can be processed.



EMPLOYEE INFORMATION

EMPLOYEE ID OR SSN	LAST NAME	FIRST NAME	MI
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FIFTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please attach a voided check blank for this account

SIXTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please attach a voided check blank for this account

SEVENTH ACCOUNT: % OR \$ NET DISTRIBUTION % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please attach a voided check blank for this account

EIGHTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please attach a voided check blank for this account

NINTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please attach a voided check blank for this account

TENTH ACCOUNT: % OR \$ OF NET DISTRIBUTION: % **OR** \$

SELECT ONE: New Enrollment Change Cancel Direct Deposit

ACCOUNT TYPE (CHECK ONE) Checking Savings

BANK OR CREDIT UNION NAME	CITY	STATE	* ROUTING #	* ACCOUNT #
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Please attach a voided check blank for this account

I authorize the State of North Dakota, to initiate accounting transactions to deposit my employee pay and reimbursements directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until the State of North Dakota receives written notice from me to cancel or change this authorization. I understand that submission of this request will supersede any other direct deposit requests I have submitted to the State of North Dakota. I understand that this agreement does not apply to Student Financial Aid or Student Acct Services disbursements. A separate Direct Deposit Request must be filed with the Student Acct Services.

**SUBMIT TO PAYROLL OFFICE
BOX 7127, Twamley Room 312**

EMPLOYEE SIGNATURE

DATE
FORM DATE 1/19/11