Direct Deposit Enrollment/Change Form

Name ________________________________ Concordia ID: _________________________

Instructions and Notes
- Please complete this form in full to enroll in or change status for payroll Direct Deposit
- Funds can be distributed into a maximum of three accounts and all accounts must equal 100% of paycheck.
- Return form and all attachments to the Human Resources Department, MH 218.

Protection of Your Information:
The information we collect and record is protected by physical, electronic, and procedural measures that comply with federal regulations. Only those employees who need this information to facilitate services are granted access.

Action Desired
☐ New Enrollment  ☐ Change in Enrollment  ☐ Cancel Enrollment

Account 1
☐ Checking Account
☐ Savings Account
Deposit Amount (% or $)
☐ 100% of paycheck -or-
☐ _____% of paycheck -or-
☐ $_____ per paycheck

Account 2
☐ Checking Account
☐ Savings Account
Deposit Amount (% or $)
☐ 100% of paycheck -or-
☐ _____% of paycheck -or-
☐ $_____ per paycheck

Account 3
☐ Checking Account
☐ Savings Account
Deposit Amount (% or $)
☐ 100% of paycheck -or-
☐ _____% of paycheck -or-
☐ $_____ per paycheck

Bank Information

Attach documents here
OR
Provide Routing & Account Number here

Signature
I authorize Concordia University and the financial institution(s) listed above to initiate electronic funds transfer each pay period.

Employee Signature ___________________________ Date ________________

HR Representative Signature ___________________________ Date Entered into Banner ________________