

**Direct Deposit Authorization Form  
Payroll Department  
Benedictine University**

<b>Name</b>	_____ <small>Last                      First                      Middle Initial</small>	<b>Employee #ID</b>	_____ <small>7-digit ID</small>										
<b>SSN</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> <td style="width: 20px; height: 15px;"> </td> </tr> </table>	X	X	X	-	X	X					<b>Phone</b> _____	<b>E-Mail</b> _____
X	X	X	-	X	X								
<small>(Last four Digits)</small>													

**Start Direct Deposit**
                         
  **Stop Direct Deposit**
                         
  **Change**

<b>Bank Name</b>	<b>Routing #</b> _____ <small>(9 digits)</small>	<b>Checking</b> <input type="checkbox"/> or <b>Savings</b> <input type="checkbox"/>	<b>Full Deposit</b> <input type="checkbox"/> or <b>Fixed Amount</b> \$ _____
<b>Acct #</b> _____			

**If depositing to more than one (1) bank, you must choose one Balance Account.**

<b>Bank Name</b>	<b>Routing #</b> _____ <small>(9 digits)</small>	<b>Checking</b> <input type="checkbox"/> or <b>Savings</b> <input type="checkbox"/>	<b>Balance</b> <input type="checkbox"/> or <b>Fixed Amount</b> \$ _____
<b>Acct #</b> _____			

<b>Bank Name</b>	<b>Routing #</b> _____ <small>(9 digits)</small>	<b>Checking</b> <input type="checkbox"/> or <b>Savings</b> <input type="checkbox"/>	<b>Balance</b> <input type="checkbox"/> or <b>Fixed Amount</b> \$ _____
<b>Acct #</b> _____			

<b>Bank Name</b>	<b>Routing #</b> _____ <small>(9 digits)</small>	<b>Checking</b> <input type="checkbox"/> or <b>Savings</b> <input type="checkbox"/>	<b>Balance</b> <input type="checkbox"/> or <b>Fixed Amount</b> \$ _____
<b>Acct #</b> _____			

\*\*\*\* **If available, please attach a voided check from the account(s) entered above \*\*\*\***  
 \*\*\* **Please allow up to 2 Pay periods for this authorization to take effect \*\*\***

- \* I hereby authorize the Benedictine University, and its payroll service provider, Ceridian, to deposit my payroll earnings and employee expense reimbursements directly into the account(s) and financial institution(s) I have designated above. In the event that the University erroneously deposits funds into my account(s), I authorize Benedictine University and Ceridian to initiate debit entries (reversals) to correct the error.
- \* I understand that it is my responsibility to verify that funds have been credited to my account(s) and that the University assumes no liability for my overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit my payroll and expense reimbursement into my account due to any action I take, the University cannot issue the funds to me until my financial institution(s) returns the funds to Benedictine University.
- \* I attest, that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full deposit to a bank in another country, I will inform the Payroll department.
- \* I understand that this authorization will remain in effect until I change or delete the information provided. New Direct deposits or changes to existing accounts can take up to 2 pay periods to take affect. I agree to contact the payroll department **IMMEDIATELY** when a direct deposit account is closed. I understand that failure to do so may cause my pay to be delayed.

**I agree to access my pay advice on-line at MyBenU and choose not to receive a paper pay advice.**

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* **Questions? Call 630-829-6026 or 630-829-6117**