

University of Wisconsin-Superior

Student Payroll

DIRECT DEPOSIT AUTHORIZATION

- You are responsible for verifying with your financial institution on your payday that your direct deposit has gone into effect – the institution name will not appear on your earnings statement.
- Verify the status of your direct deposit record if you have been off the payroll for more than eight (8) months.
- Allow up to 5 business days for processing this request.
- Students are not required to have federal work-study earnings direct deposited, however the UW strongly recommends direct deposit for your convenience, safety, and security.

Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	Effective Date: <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Paydate _____										
Name (Last, First, Middle Initial) PLEASE PRINT:											
Social Security Number:											
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.):											
City and State of Financial Institution:											
Transit Routing Number (Must be 9 digits):*	Account Number:										
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> <td style="width: 11.1%;"></td> </tr> </table>											
Type of Account (check one):											
<input type="checkbox"/> Checking <input type="checkbox"/> Savings											
I authorize the University of Wisconsin-Superior to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the University to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the University at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to the University for distribution. This will delay my check.											
Employee Signature	Date (Mo/Day/Yr)										

*If you select to have your payment sent to your:

- **Checking account:** your transit routing number is found on the bottom left corner of your check. You may simply attach a voided check or a photocopy of a check to this form. Do not attach a deposit slip!
- **Savings account:** contact your financial institution to obtain its transit routing number.

Return this form to:

Financial Aid Office, Old Main 110
 University of Wisconsin-Superior
 Belknap & Catlin, P O Box 2000
 Superior, WI 54880

