

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

Name	_____ <small>Last First Middle Initial</small>	Employee #ID	_____ <small>7-digit ID</small>										
SSN	<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: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> </tr> </table>	X	X	X	-	X	X					Phone _____	E-Mail _____
X	X	X	-	X	X								
<small>(Last four Digits)</small>													

Start Direct Deposit

 Stop Direct Deposit

 Change

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

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

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

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

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

**** 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