

# NORTHLAND COLLEGE

## Direct Deposit

**\*COMPLETING THIS FORM IS REQUIRED TO COMPLETE YOUR WORK-STUDY JOB APPLICATION\***

### OPTION #1

#### Authorization for Direct Deposit

This authorizes Northland College (the "College") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

#### Account #1

Account #1 Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Percentage or Dollar Amount to be Deposited to This Account

#### Account #2 (remainder to be deposited to this account)

Account #2 Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

This authorization will be in effect until the College receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Why Direct Deposit?

The College encourages payment of work-study wages through Direct Deposit to pay people as promptly as possible, to conserve paper use, and reduce the related environmental and financial impacts. Direct Deposit also eliminates the risk of paper checks being delayed, lost, or stolen.

*Please attach a voided check for each account here.*

—over—

**OPTION #2**

Please apply (*check one*)  25%  50%  75%  100% of my Northland College payroll check (on or off campus work) to satisfy my bill with Northland College. I understand that the portion designated above will be withheld from my paycheck and applied directly to my account.

If my disbursement creates a credit balance on my student account, I will allow these funds to remain on my account as a credit balance until I inform the business office to cancel my campus earnings and request to have these funds refunded to me.

I understand that it is my responsibility to contact the Business Office if I wish to have these withholdings discontinued. It is my responsibility to verify that the amount designated is being withheld from my first paycheck and to resubmit this form if incorrect. The amount will stay into effect indefinitely unless I cancel in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date