

ST. LAWRENCE UNIVERSITY

Direct Deposit Form

I am a _____ STUDENT _____ STAFF _____ FACULTY

NAME: _____

SLU ID# _____

EMAIL ADDRESS: _____

DATE: _____

I wish to have my check deposited electronically to the following account(s):

BANK INFORMATION

Name of Bank: _____

Name of Bank: _____

Bank Routing #: _____

Bank Routing #: _____

Account Number: _____

Account Number: _____

Checking or Savings _____
(circle one) Amount

Checking or Savings _____
(circle one) Amount

Once completed please return this form to the Payroll Office, Vilas Hall 116

*NOTE: If deposit is to more than one account, a flat amount will be credited to the first account listed and the remaining balance to the last account listed.

REMINDER: Your pay advice (direct deposit stub) may be viewed online at <http://saints.stlawu.edu> via Employee Profile tab.

Signature: _____ Date: _____