

ST. LAWRENCE UNIVERSITY

Faculty/Staff Direct Deposit Form

NAME: _____ SLU ID# _____

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 _____ *Checking or Savings* _____
(circle one) Amount (circle one) Amount

Name of Bank: _____ *Name of Bank:* _____

Bank Routing #: _____ *Bank Routing #:* _____

Account Number: _____ *Account Number:* _____

Checking or Savings _____ *Checking or Savings* _____
(circle one) Amount (circle one) Amount

*NOTE: If deposit is to more than two accounts, only amounts (not percentages) may be specified. Flat amounts will be credited to just accounts listed and the remaining balance to the last account listed.

REMINDER: Your pay advices (direct deposit check stub) will no longer be distributed. You will be required to view them on line at <https://saints.stlawu.edu>.

Date: _____ *Signature:* _____