

# Direct Deposit Authorization Form

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Vendor Name	Remit to Email Address
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**Primary Account:**

This account will be used for ALL payments:

- Add
- Change
- Cancel

Bank Name	State	<input type="radio"/> Checking <input type="radio"/> Savings		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Routing Number</td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> </div> </td> </tr> </table>	Routing Number	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> </div>	Account Number	
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\* Your ACCOUNT NUMBER is NOT your debit or credit card number.

I hereby authorize the College to directly deposit into the Financial Institution account numbers listed above, as well as authorize the institutions to post the pay to the above listed accounts. I authorize the College to initiate debit entries to above designated accounts as may be necessary to correct erroneous credit entries and authorize the listed Financial Institutions to subtract such entries from the above designated accounts.

This agreement is effective on the next check processing after the signature date below and will remain in force until the College receives notice of change or cancellation from me. Any notice of cancellation must be received by the College in such a manner as to afford the College reasonable opportunity to act on it. I understand that if I fail to notify Business Services in a timely manner that my account has changed or been cancelled, and the funds are not able to be deposited into my account that a replacement check will be produced only upon receipt of those original funds into the College bank account. This can take up to two weeks.

I understand and approve the authorizations or cancellations as indicated above. This agreement supersedes all Direct Deposit forms with a prior date and must be signed and dated for any action on the part of the College.

Authorized Signature	Date
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**Submit completed forms to the Accounts Payable, Business Services, 1600 Grand Avenue, St. Paul, MN 55105 or email to [accountspayable@macalester.edu](mailto:accountspayable@macalester.edu)**

If you have any questions, please contact [accountspayable@macalester.edu](mailto:accountspayable@macalester.edu)