

DIRECT DEPOSIT INFORMATION
Saint John's University
Payroll Authorization Form

Name: _____ Banner ID: _____

Pay Date this change is effective: _____

Account type: Bank name _____
___ Checking Route Number (9 digits) _____
___ Savings Employee Bank Account Number: _____
\$ _____ Amount or _____ Percent

Account type: Bank name _____
___ Checking Route Number (9 digits) _____
___ Savings Employee Bank Account Number: _____
\$ _____ Amount or _____ Percent

I hereby authorize Saint John's University to initiate payroll deposits or necessary correcting entries to my bank accounts listed above.

Signature

Date

(Please attach a voided check to this form - Thank You!)