Direct Deposit Authorization Form Payroll Department Benedictine University

Name		Employee #ID
	rst Middle Initial	7-digit ID
SSN X X - X X -	t four Digits)	E-Mail
Start Direct Deposit	Stop Direct Deposit	Change
Bank Name	Routing # (9 digits) Acct #	Checking Deposit C or or Savings Savings \$
If depositing to more than one (1) bank, you must choose one Balance Account.		
Bank Name	Routing # (9 digits) Acct #	Checking D Balance D or or Savings S Fixed Amount
Bank Name	Routing # (9 digits) Acct #	Checking D Balance D or or Savings S Fixed Amount
Bank Name	Routing # (9 digits) Acct #	Checking D Balance D or or Savings S Fixed Amount

**** If available, please attach a voided check from the account(s) entered above **** *** Please allow up to 2 Pay periods for this authorization to take effect ***

- * I hereby authorize the Benedictine University, and its payroll service provider, Ceridian, to deposit my payroll earnings and employee expense reimbursements directly into the account(s) and financial institution(s) I have designated above. In the event that the University erroneously deposits funds into my account(s), I authorize Benedictine University and Ceridian to initiate debit entries (reversals) to correct the error.
- * I understand that it is my responsibility to verify that funds have been credited to my account(s) and that the University assumes no liability for my overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit my payroll and expense reimbursement into my account due to any action I take, the University cannot issue the funds to me until my financial institution(s) returns the funds to Benedictine University.
- * I attest, that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full deposit to a bank in another country, I will inform the Payroll department.
- * I understand that this authorization will remain in effect until I change or delete the information provided. New Direct deposits or changes to existing accounts can take up to 2 pay periods to take affect. I agree to contact the payroll department **IMMEDIATELY** when a direct deposit account is closed. I understand that failure to do so may cause my pay to be delayed.

I agree to access my pay advice on-line at MyBenU and choose not to receive a paper pay advice.		
Employee Signature	Date	

* Questions? Call 630-829-6026 or 630-829-6117