DIRECT DEPOSIT
EMPLOYEE AUTHORIZATION

Please complete the form, print, sign, attach a voided check or bank authorization for each account, and return to payroll.

I authorize Bismarck State College and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account each payday. This authority will remain in effect until I have cancelled it in writing.

PLEASE NOTE: If you are an employee of the state of North Dakota and this direct deposit information is not the same as what you have with the state agency you currently work for, ALL your deposits for the state and BSC will now go to this account(s). This authorization WILL CHANGE what you have in the state's payroll system.

Name of Employee _____ Empl ID _____

Financial Institution _____ Branch _____ City, State _____

Transit Routing Number _____ Check one: ☐ Checking ☐ Savings

Account Number Information _____

Amount or percentage for this account _____

Second Account:

Financial Institution _____ Branch _____ City, State _____

Transit Routing Number _____ Check one: ☐ Checking ☐ Savings

Account Number Information _____

Amount or percentage for this account _____

Employee Signature _____ Date (mm/dd/yy) _____

ATTACH VOIDED CHECK FOR CHECKING ACCOUNT OR BANK AUTHORIZATION FOR EACH ACCOUNT.