

**Luther College**  
**FACULTY/STAFF DIRECT DEPOSIT AUTHORIZATION**

**NAME** (please print) \_\_\_\_\_ **ID#** \_\_\_\_\_

This form authorizes Luther College to deposit your payroll earnings and your accounts payable payments directly to your checking or savings account. An e-check advice will be emailed to your Luther email to indicate a direct deposit has occurred. A payroll direct deposit advice will be available on my.luther.edu to indicate a direct deposit has occurred.

By signing this form, I also authorize Luther College to direct my bank to return any funds to which I was not entitled and debit my account.

**IMPORTANT:** For checking accounts, please attach a voided check. For savings accounts, please attach a form that shows your account number. Inaccurate bank account information will result in a delay of payment.

**PAYROLL PRIMARY DEPOSIT** (Net earnings)

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_  
Bank City & State \_\_\_\_\_ Checking or Savings \_\_\_\_\_  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

**PAYROLL ADDITIONAL DEPOSIT** (optional)

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_  
Bank City & State \_\_\_\_\_ Checking or Savings \_\_\_\_\_  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_  
Amount to be deposited in this account \_\_\_\_\_

**ACCOUNTS PAYABLE DEPOSIT** (please check appropriate box)

Use Payroll Primary Account    **OR**     Use Bank information provided below

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_  
Bank City & State \_\_\_\_\_ Checking or Savings \_\_\_\_\_  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

**Signature** (required) \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return completed form to the Payroll Office.**

**For Office Use Only**

Identity Confirmed by: \_\_\_\_\_  
Email Confirmation Sent by: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_