DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

STATE OF NORTH DAKOTA

SFN 50428 (10-2009)

(Please complete and return to your Payroll Administrator. Areas marked in gray will be filled by Payroll Staff.)

I authorize you 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 checking or savings account each pay day. This authority will remain in effect until I have canceled it in writing. **Please ask your payroll administrator for the date your direct deposit will become effective.**

Employee Name	Employee ID Number
Signature	Date

Any additions/changes made to direct deposit will be changed on all payroll direct deposits with the State of North Dakota **AND** the ND Higher Education PeopleSoft payroll system.

Bus. Unit/Set ID Number						Department Number				Pay Group			

PLEASE PRINT

Priority Number		Effective Date	Please Check One		
			☐ Started	☐ Changed	☐ Stopped

Financial Institution	City	State

Account Type

☐ Checking ☐ Savings (Money Market Savings Accounts are discouraged from use in direct deposits)

Deposit Type

☐ Balance ☐ Flat Amount $ _____ ☐ Percentage of Net Pay _____ %

Bank ID (routing number) ***Account Number**

***PLEASE ATTACH A VOIDED CHECK BLANK FOR THIS ACCOUNT**

Priority Number		Effective Date	Please Check One		
			☐ Started	☐ Changed	☐ Stopped

Financial Institution	City	State

Account Type

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