

STUDENT DIRECT DEPOSIT FORM

Name: _____

I.D. #: _____

____ I hereby authorize Bethel University to directly deposit my paycheck until further notice into the following bank account.

____ I hereby authorize Bethel University to cancel the direct deposit of my paycheck from the following bank account.

Signature _____ **Date** _____

ACCOUNT INFORMATION

Name of Bank _____

Account Type ☐ Checking ☐ Savings

Transit-ABA Numbers _____
(These are nine digits found at the bottom left of your check)

Account Number _____
(These numbers are found after the [: sign. Do not include spaces but do include any dashes)

-- Please attach voided check here --
(Not required for canceling direct deposit)

This form must be returned to the Business Office at least 10 business days before the pay date in order for it to be processed in time.

PLEASE NOTE: Funds are deposited into your account on the actual payday. Direct deposit information is obtained from the Student Worker Self Service page on the Bethelnet and can be accessed the day before the actual pay date.