SAINT LOUIS UNIVERSITY
Direct Deposit Authorization Agreement
Accounts Payable and Travel Reimbursements

Name: _____ Banner ID _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Department: _____ **Work Phone #:** _____

A blank, voided check or deposit slip must be attached

Cancellation of your direct deposit should be made in writing to the Accounts Payable and Travel Department. If any of your bank account numbers or transit numbers change, it will be necessary to complete a new Direct Deposit Authorization Agreement.

ACCOUNT FOR DEPOSIT

Routing Number | Account Number

Type of Account (check one)
- ○ Checking Account
- ○ Savings Account
- ○ Money Market Account
- ○ Other (explain) _____

Bank Name: _____ Branch Location: _____

I understand that if I change my Accounts Payable and Travel bank information that this in no way effects my Payroll bank information.

I hereby authorize Saint Louis University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the depository names above to credit and debit the same entries to such account.

_____ ___ - ___ - ____ ___ - ___ - ___

Signature | Social Security Number | Today's Date

Mail form to: Accounts Payable Department; Salus Center, 6th Floor

Phone 314-977-2400
Fax 314-977-2298
Email: sgajewsk@slu.edu