UNIVERSITY of DUBUQUE

Authorization of Direct Deposit for Student Employment

Name	ID Number
New employee -complete direct deposit information	ation below (REQUIRED)
Previous student employee use direct deposit information on file new direct deposit information below	
Type of Account:CheckingSavings	
Transit Routing Number	Account Number
Name of Bank/Credit Union (A voided check for a checking account or deposit slip f	City for a savings account is required.)

This account number will remain ineffect until I notify the University of Dubuque of a new account number. I authorize the University to directly credit and debit the above listed account for my student employment earnings and adjustments/errors if necessary.

Please check one of the options below.

___Option 1

I agree to pay the University of Dubuque the amount of <u>per term</u>, I agree to have my student employment earnings directly applied to my student account, which represents payment for tuition, room, board and fees for the 2014-2015 academic year. Employment is not guaranteed; I understand it is my responsibility to find employment.

I understand that the full amount of each student employment payroll check will be applied to my student account until my account is paid in full. Once my student account is paid in full, I authorize the University of Dubuque to directly deposit my student employment checks into the bank account listed above.

Any unpaid balance on my student account will have to be paid before registering for the next semester.

____Option 2

I do not wish to apply my earnings to my student account. I authorize the University of Dubuque to directly deposit my student employment checks into the bank account listed above. I understand any unpaid balance on my student account will prevent me from registering for the next semester.

Signature: ____

Date:	

Return this form and voided check/deposit slip to:

University of Dubuque Student Accounts 2000 University Avenue Dubuque, IA 52001