

WILLISTON STATE COLLEGE  
STUDENT FINANCE DIRECT DEPOSIT AUTHORIZATION

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ EMPL ID \_\_\_\_\_

**THE DIRECT DEPOSIT REQUEST TAKES 10 BUSINESS DAYS TO PROCESS.**

I authorize Williston State College 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 account.

This direct deposit will remain in effect until I request a change or discontinuation. **This direct deposit request will override any other direct deposit I may have set up at another North Dakota University System College or University or another State Agency.**

\_\_\_\_\_  
Signature/Date

**Direct Deposit Account Information**

Priority: 100

Bank ID: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type
<input type="radio"/> Checking
or
<input type="radio"/> Savings

**ATTACH A VOIDED CHECK HERE. THE DIRECT DEPOSIT REQUEST WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK ATTACHED.**

For Business Office Use Only
Date Received
Date Input
Input by