

**SAINT OLAF COLLEGE**  
**Direct Deposit and Tuition Deduction Authorization Form**

Complete this form if you wish to have your net student work earnings credited to your tuition **or** directly deposited to a bank account. Please complete the student information section and check the option you prefer. **Be sure to sign and date the form at the bottom** and return it to the Office of Financial Aid.

<b>Student Information Section</b>		
<hr/>	<hr/>	<hr/>
Student Name	Student Number	Class Year

<b>Tuition Deduction</b>
<p>_____ I request that my net student work earnings be credited directly to my comprehensive fee account. I understand that I may not withdraw any of these earnings until my account is paid in full.</p>

**OR**

<b>Direct Deposit to Checking or Savings Account</b>	
<p>_____ I authorize St. Olaf College and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). <i>This authority will remain in effect until I give written notice to cancel it.</i> I will notify the Office of Student Financial Aid if I close this account.</p>	
Type of Account:	_____ Checking      _____ Savings
_____	_____
Financial Institution	City and State
_____	_____
Branch	Financial Institution Phone No.
<p>Attach a voided check for checking accounts.</p> <p>Attach a deposit slip for savings accounts.</p>	
_____	_____
Transit Routing Number	Account Number

<hr/>	<hr/>
Student Signature	Date