



# NEBRASKA STATE COLLEGE SYSTEM MULTIPLE DIRECT DEPOSIT FORM

CHADRON STATE COLLEGE  
 PERU STATE COLLEGE  
 WAYNE STATE COLLEGE  
 SYSTEM OFFICE

Employee Name \_\_\_\_\_  
 Last Name First Name MI

## PAYROLL DIRECT DEPOSIT OPTION(S)

**You MUST ATTACH a preprinted original or photocopy of a blank check, OR a voided check, OR top of a financial statement showing a preprinted account number for EACH option selected below.**

<b>Option</b>  <b>1</b>	Add		<b>PRIMARY Financial Institution Name</b>	<b>Route Transit #</b>	<b>Account Number:</b>	<b>Checking</b> <input type="checkbox"/>
	Change					
	Cancel		<b>ALL NET PAY WILL BE DEPOSITED –NO DOLLAR AMOUNT NEEDED</b>			

<b>Option</b>  <b>2</b>	Add		<b>SECOND Financial Institution Name</b>	<b>Route Transit #</b>	<b>Account Number:</b>	<b>Checking</b> <input type="checkbox"/>
	Change					
	Cancel		<b>DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$</b>			

<b>Option</b>  <b>3</b>	Add		<b>THIRD Financial Institution Name</b>	<b>Route Transit #</b>	<b>Account Number:</b>	<b>Checking</b> <input type="checkbox"/>
	Change					
	Cancel		<b>DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$</b>			

<b>Option</b>  <b>4</b>	Add		<b>FOURTH Financial Institution Name</b>	<b>Route Transit #</b>	<b>Account Number:</b>	<b>Checking</b> <input type="checkbox"/>
	Change					
	Cancel		<b>DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$</b>			

I hereby authorize the Nebraska State College System to directly deposit into the Financial Institution account number(s) listed above, as well as authorize the Institution(s) to post the pay to the above listed account(s). I authorize the college to initiate debit entries to above designated account(s) as may be necessary to correct erroneous credit entries and authorize the listed Financial Institution(s) to subtract such entries from the above designated account(s).

This agreement is effective on the next payroll processing after the signature date below and will remain in force until the college receives notice of change or cancellation from me. Any notice of cancellation must be received by the college in such a manner as to afford the college reasonable opportunity to act on it.

I understand and approve the authorization(s) or cancellation(s) as indicated above. This agreement supersedes all prior Direct Deposit Authorization forms with a prior date and must be signed and dated for any action on the part of the college.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please Note: There have been recent changes to the payment system rules for direct deposit of payroll. If you receive your payroll via direct deposit at a bank located in the United States and then have the entire payroll amount forwarded to a bank in another country, please advise the payroll department (or specific individual with your department). There are new formatting requirements for these transactions that the NSCS needs to follow. It will not impact your payroll.