Mandatory Direct Deposit Authorization

SOUTH DAKOTA BOARD OF REGENTS
PUBLIC UNIVERSITIES & SPECIAL SCHOOLS
YOUR FUTURE IS HERE.

Please fill out and return to the address listed for your Campus

SD Board of Regents policy mandates that all payroll payments to employees must be made by direct deposit. To set up direct deposit, complete the form below and return it to your Human Resources Office. If the form is not returned to HR within that time period, you will be required to pick up your payment at the designated disbursement office on your campus and must bring your bank information with you at that time. If you are making a change to your direct deposit, either changing accounts or changing banks, you must provide a new form to the Payroll Office at least 10 days before you close your current direct deposit account.

Direct deposit information must be for banking institutions for a savings or checking account only. Employees can have more than one payroll account. If you split the deposit into multiple accounts, you can designate a dollar amount or percent of the remainder. The last priority account must have 100% tied to it rather than an amount to ensure that the remaining balance of your net wages is accurately deposited into an account. That account will also be used for your accounts payable reimbursements.

When updating your account information, always complete the form with every account. Account information will be updated as the form represents. If you are changing or adding an account, all accounts must be represented.

_____

Name (please print)

_____

Banner Id (ex. A00000001)

Please attach a voided check(s) to this authorization.

(If there are multiple accounts, your Non-Payroll deposits will go to the account with the last priority and 100%)

☐ Payroll Payments   or   ☐ Both Payroll and Non-Payroll Payments

Bank Name/Location	Routing Number	Account Number	Account Type (C=Checking; S=Savings)	Priority	Amount or Percent
				1	

☐ Non-Payroll Payments

Bank Name/Location	Routing Number	Account Number	Account Type (C=Checking; S=Savings)	Priority	Amount or Percent
				0	100%

I authorize the South Dakota Board of Regents and the financial institution listed below to initiate electronic entries to my bank account each payday and for all non-payroll payments such as travel and other reimbursements into the depository (ies) which I have indicated above, and to initiate any debit or credit entries to my account that may be needed to correct any errors that may occur. Any change to this authorization must be in writing.

Terms and Conditions

By providing my bank account information and signing this document, I am electing to have all student account refunds (including Federal Financial Aid in excess of my charges) deposited into the bank account I provided via direct deposit. I authorize the South Dakota Board of Regents, my home university, and the financial institution listed above to initiate an electronic deposit to the bank account I have provided via direct deposit. I also authorize the South Dakota Board of Regents, my home university, and the financial institution listed above to initiate a reversing entry to my account to correct any erroneous credit or debit entries previously initiated by the South Dakota Board of Regents or my home university. I understand the origination of direct deposit transactions to my bank account must comply with the provisions of U.S. law.

☐ I agree to the Terms and Conditions listed above.

_____ Initials: I consent to receive my tax statement electronically. By consenting to receive my tax statement(s) electronically, I agree to return to SNAP (South Dakota System Navigation Access Portal) between January 31 and October 15 of the appropriate year to print each of my tax forms on-line. I may be required to print and attach my tax forms to Federal, State, or local income tax return and it is my responsibility to review the instructions for each statement as provided in the Help on the specific statement page. My consent for each electronic statement will be valid for all subsequent tax years unless revoked by myself, upon termination, or this service is not supported in a future given tax year. I understand that I may revoke my consent and receive paper forms by accessing SNAP and unchecking the, My Choice consent box, or provide written notification to the Human Resources or Payroll Office.

EMPLOYEE SIGNATURE: _____ DATE: _____

Mail to one of the following:
Black Hills State University, 1200 University St Unit 9568, Spearfish, SD 57799
South Dakota State University, SAD 306, Box 2201, Brookings, SD 57007
University of South Dakota, 414 E Clark, Vermillion, SD 57069
Northern State University, 1200 S Jay St, Aberdeen, SD 57401

Dakota State University, 820 N Washington, Madison, SD 57042
South Dakota School for the Deaf, 423 17th Ave SE, Aberdeen, SD 57401
South Dakota School of Mines & Technology, 501 East St Joseph St, Rapid City, SD 57701
South Dakota School for the Blind & Visually Impaired, 423 17th Ave SE, Aberdeen, SD 57401