Date to Payroll _____
Bellarmine ID # _____

BELLARMINE UNIVERSITY

Tuition & Payroll Student Authorization Form

❶ Authorization to Withhold Check for Payment of Tuition

Check One: ☐ **Work-study** ☐ **Casual labor** ☐ **Krebs** ☐ **Other** _____

Check One: ☐ **apply 100% directly to tuition** (skip sections 2 & 3)

☐ **apply 0% — student to receive direct deposit or paycheck** (fill out all sections)

I hereby authorize Bellarmine University to withhold from my federal work-study/payroll earnings the percentage indicated above. I designate the said withholdings to be credited toward my account for payment of tuition and fees. If this withholding results in a credit balance on my account, I further authorize Bellarmine University to keep that balance on my account unless I notify otherwise.

I understand by electing this option, my statement of account will be interest-free on the portion designated to be withheld. I also understand that this agreement in no way relieves responsibility for the payment of the portion of the statement of account not covered by this withholding and that this amount must be paid by the published due date in order for the remaining amount to be interest free.

❷ Payroll Authorization:

I _____hereby authorize Fifth Third Bank to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debit entry in error, to my account indicated below and the depository named below, to debit the same to such account.

Check One: ☐ **direct-deposit to checking account** ☐ **direct-deposit to savings account**

☐ **check to be picked up in the payroll office** (do not have checking or savings account)

This authority is to remain in full force and effect until Fifth Third Bank has received oral or written notification from me of its termination in such time and in such manner as to afford Fifth Third Bank a reasonable time to act on it, but in no event will it occur later than (3) business days prior to the scheduled date of the transaction. I must confirm the oral notification in writing within (10) days after it was made or it ceases to be binding.

Banking Information: *Please print clearly.*

Bank Name:	
Routing/Transit Number (9 digits):	
Account #s:	Checking:
	Savings:

❸ Attach Check Copy:

Please attach a check (not a deposit ticket) marked 'VOID' for deposit into your checking account.

❹ Sign

_____ Printed Name

_____ Student ID#

_____ Signature

_____ Date

Please print this document and provide to the Bursar's Office
E-mail: Bursar@Bellarmine.edu
Fax: 502-272-8505
Mail: Bellarmine University - Attn: Bursar, 2001 Newburg Road, Louisville, KY 40205