

WESTERN OREGON UNIVERSITY

Direct Deposit of Accounts Payable Authorization Agreement Form

PLEASE PRINT

Name _____ Employee ID (V#) _____
Address _____ Telephone Number _____

Email Address _____
WOU Employees -please use WOU official email address

I hereby authorize Western Oregon University to initiate direct deposit credit entries and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution indicated below.

This authority is to remain in full force and effect until Western Oregon University has received written notification from me of its termination in such time and in such manner as to afford Western Oregon University and the financial institution named below a reasonable opportunity to act on it.

Name of Financial Institution _____

Bank Routing # _____ **Account #** _____

Type of Account (Please check one): Checking Savings

To enroll, please attach a Voided Check for checking account and a Deposit Slip for Savings account.

Check this box if the information above is a **change** of your bank account and/or financial institution.

Check this box if you wish to stop direct deposit

Signature _____ Date _____

You may faxed the form to us at: (503) 838-8014

Mail or bring the form to us at:

**Western Oregon University
Business Services- Accounts Payable
Administration Building AD 101
345 N Monmouth Avenue
Monmouth, OR 97361**