

Lieuallen Administration 306 | 503-838-8490 | hr@wou.edu | wou.edu/hr

Direct Deposit & Online Earnings Statement Authorization

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Last Name	First Name	M.I.	WOU ID#			
Employee Type: (check one)						
Student Faculty/Staff						
New Direct Deposit						
Bank Name:	ABA Routing Number:	Account	Number:			
Account Type: (check one)						
Checking – Attach a voided check.*						
Savings – Attach verification of bank and account nu	mber.*					
I have instructions with my domestic bank to deposit	these funds in their entirety to an internation	onal bank o	atside the U.S.			
*Your bank may provide you with a card or form that car routing number and account number.	n be used as well, or you can use the top of you	our bank st	atement if it includes both the			
Changing Your Current Direct Deposit						
Change: (check one)						
I wish to stop direct deposit for payroll. I will pick up	my check at the Human Resources Office (A	ADM 306).				
I wish to stop my current direct deposit and start dire	ct deposit with a new bank account.					
I wish to continue my current direct deposit and add spelled out in an attached document or the back of the		vided betwe	een accounts as I determine, clearly			
Direct Deposit Authorization and Agreer	nent					
1. I understand that the deadline for updating my direct			10 th , my updated information will			
be applied to the next month's paycheck. If my bank account is closing, I will receive a paper check. 2. By enrolling in direct deposit, I am also opting out of printed payroll earning statements and will access those through Wolf Web. I understand						
current monthly earning statements are available on the last business day of each month. 3. It is my responsibility to verify payment has been credited to my account, and that WOU has no liabilities for bank fees for any reason.						
 It is my responsibility to verify payment has been credited to my account, and that WOU has no liabilities for bank fees for any reason. I have provided accurate and current bank account information. 						
5. I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and US law. I						
hereby authorize the State of Oregon to initiate credit error to my account. This authority will remain in effe	•					
notification has been sent by my bank that my accour		ing with the	e Fruman Resources Office of			
6. For your safety and protection, WOU requires an original safety and protection for the safety	ginal signature and valid photo identification	n to process	any requests for changes or updates			
to direct deposits.						
Signature:			Date:			
Office Use: Date:	Ву:					
GXADIRD PEAEMPL Valid ID Checked						

TOGETHER WE SUCCEED