

Status: STUDENT EMPLOYEE OTHER/ AFFILIATED PERSONNEL

Action: START STOP CHANGE

I request that Oregon State University deposit my disbursements/reimbursements to the financial institution designated below:

Payee Information (please print)

Name: _____ Department: _____
 (Last) (First)

OSU ID

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 Phone Number: _____ - _____ - _____

E-Mail Address (Students use ONID email address): _____

Financial Institution Information (please print)

Bank Name: _____ Branch: _____

Account Number: _____ Routing No:

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Account Type: Checking -*Attach a voided check.*
 Savings - *Attach verification of bank and account number. Your bank may provide you with a card or form that can be used, or you can use the top of your bank statement if it includes both the routing and account number.*

Direct Deposit Authorization Agreement

This form authorizes Oregon State University (OSU) to initiate direct deposits of funds to the account and financial institution indicated above. I acknowledge that the origination of ACH (Automatic Clearing House) transactions to the account indicated above must comply with the provisions of US law.

I understand that:

- A minimum of three business days is required for OSU to make the transfer to my account after I receive the e-mail notification of the reimbursement.

it is my responsibility to verify payments have been credited to my account and that OSU assumes no liability for overdrafts for any reason.

in the event my financial institution is not able to deposit any transfer to my account, that OSU cannot issue the funds to me until said funds are returned by my financial institution.

This authorization will override any previous authorization and will remain in effect until: a) revoked by my written request; b) notification is sent by my bank that the account number is no longer valid; c) six months after termination of my last appointment at OSU; d) six months after my last student registration at OSU.

The only notification to me of the deposit will be by e-mail and that it is my responsibility to provide an active e-mail address, and to update this address as needed.

Signature: _____ Date: _____

Please complete all questions on the form; incomplete forms will be returned.
Return completed form with voided check or savings deposit verification attached.
Employees return form to: OSU Payables, B106 Kerr Administration, PO Box 1086, Corvallis OR 97339-1086.
Students return form to: OSU Cashiers, 100 Kerr Administration, PO Box 1086, Corvallis OR 97339-1086.