## DIRECT DEPOSIT AUTHORIZATION FORM

It is highly recommended that all faculty and staff make direct deposits into their checking and/or savings accounts for their net pay and payments issued by ORU Accounts Payable for travel and refunds via ACH processing. To add <u>new</u> account(s) or to enroll for the first time, complete the following form.

Funds for payroll will be available in your account on payday. Multiple payroll distributions are allowed. For more than two (2) accounts (limit of 4 accounts) fill out an additional form, using the space designated Bank #2.

All forms received after the payroll deadline will be processed the following pay period. If you have questions, please call Becki Beyer, Payroll Manager at 918-495-7551.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT – $\underline{BANK~\#1}$ (Remainder of $\underline{NET~PAY}$ )		
COMPANY NAME (select one): Oral Ro	oberts University (ORU) or Ur	niversity Broadcasting Inc. (UBI)
BANK /FINANCIAL INSTITUTION NAME: _		
CITY:	STATE:	
BANK ROUTING #:	ACCOUNT#:	
This account is a (select one)	R Savings	
If you would like to deposit your paycheck int	to a secondary account please complete	the following.
AUTHORIZATION AGREEMENT FOR DIRE	ECT DEPOSIT TO: - BANK #2	
Specific Dollar Amount: \$	or Percentage of Net Pay: %	
BANK/FINANCIAL INSTITUTION NAME:_		
CITY: STAT	ГЕ:	
BANK ROUTING#:	ACCOUNT#:	
This account is a (select one)	R Savings	
I HEREBY AUTHORIZE MY EMPLOYER, T ORU ACCOUNTS PAYABLE TO MY ACCOU BANK TO ACCEPT AND TO CREDIT THE A	UNT IN THE BANK DESIGNATED ON	THIS FORM. I AUTHORIZE THE
PRINT EMPLOYEE NAME:	Z#	
DATE: SICN	NATURE.	