



Career Services

**ORAL ROBERTS UNIVERSITY
STUDENT DIRECT DEPOSIT AUTHORIZATION AGREEMENT
FOR REACTIVATED STUDENTS**

Student Name: _____
Last First Middle

Z#: _____ Phone#: _____

- ☐ I AUTHORIZE MY EMPLOYER, Oral Roberts University, TO REACTIVATE THE DIRECT DEPOSIT TRANSACTION.
I VERIFY THAT MY ACCOUNT INFORMATION HAS NOT CHANGED.
- ☐ MY ACCOUNT INFORMATION HAS CHANGED SINCE MY PREVIOUS EMPLOYMENT AS A STUDENT WORKER. BELOW IS MY UPDATED DIRECT DEPOSIT INFORMATION.
- ☐ I CHOOSE AT THIS TIME NOT TO REACTIVATE THE DIRECT DEPOSIT TRANSACTION.

Student Signature: _____ Date: _____

STUDENT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COMPANY NAME: Oral Roberts University

I AUTHORIZE MY EMPLOYER, Oral Roberts University, TO DEPOSIT MY NET PAY TO MY CHECKING/SAVINGS ACCOUNT IN THE BANK NAMED BELOW. I AUTHORIZE THE BANK/CREDIT UNION TO ACCEPT AND TO CREDIT THE AMOUNT OF THAT ENTRY TO MY ACCOUNT.

Bank Name: _____

City: _____ State: _____

Transit Routing #: _____ Account #: _____

☐ CHECKING **OR** ☐ SAVINGS (CHECK ONE)

Employee Name: _____

Z#: _____ Date: _____ Daytime Phone #: _____

Employee Signature: _____

Please attach a VOIDED check for processing