

Direct Deposit Authorization Form—Initial Enrollment

ORU

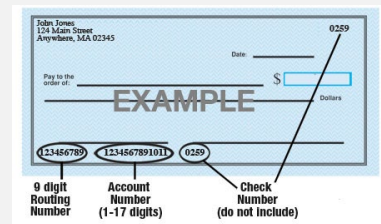
All faculty and staff are required to make direct deposits into their checking and/or savings accounts for their net pay and payments issued by ORU Accounts Payable for travel and refunds via ACH processing. Multiple payroll distributions are allowed. For more than two (2) accounts (limit of 4 accounts) fill out an additional form. All forms received after the payroll deadline will be processed the following pay period. If you have questions, please call Stephanie Stone, Payroll Manager at 918-495-7551.

Company Information

Company Name: _____

Instructions

Complete this form and attach a voided check from your checking and/or savings account (no deposit slips). If you don't have a check, ask your bank to give you the Routing Number (the 9-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account. Return all items to the Payroll Department. Funds for payroll will be available in your account on payday.



1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose Account Type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Remaining Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose Account Type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Remaining Net Amount

I hereby authorize my employer, the company named above, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form.

To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

Legal Name: _____ Z# _____

Signature: _____ Date: _____