

Direct Deposit is a safe, easy, and convenient way to receive payments from OSU. Once you enroll in direct deposit, all payments from OSU, including Payroll, will be deposited using the information you provide. You may update your information and preferences at <http://infosu.oregonstate.edu>.

PAYEE INFORMATION Student Employee Other / Affiliated Personnel

Name: _____ OSU ID: _____
(Last) (First)

Employing Department: _____ Phone: _____

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

ACTION: Start Update Discontinue / Opt Out

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____
Account Number: _____
ABA Routing Number: _____
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 number and account number.
 I have instructions with my domestic bank to deposit these funds in their entirety to an international bank account outside the U.S.

OPT OUT / DISCONTINUE DIRECT DEPOSIT

I wish to discontinue or opt out of direct deposit and prefer to receive all payments due to me by paper check. Please process my Payroll checks as described below and send all other payments to my current mailing address (Update at <http://infosu.oregonstate.edu>).
 Please send my Payroll check to the department listed above.
 Please hold my Payroll check for pick up at the Payroll Window (Window #17, Kerr Administration Building).

Please sign below and return to the address at the bottom of this form

DIRECT DEPOSIT AUTHORIZATION AND AGREEMENT

I authorize Oregon State University (OSU) to initiate direct deposit of funds to the account and financial institution indicated above, and to recover funds deposited in error if necessary; in compliance with Oregon and U.S. Law, and the Automatic Clearing House (ACH) rules.

I understand that:

1. It is my responsibility to provide accurate and current banking information. Notification of Non-Payroll direct deposits will be by e-mail; and it is my responsibility to provide a valid e-mail address.
2. It is my responsibility to verify payment has been credited to my account, and that OSU assumes no liabilities for overdraft for any reason.
3. This authorization will remain in effect until one or more of the following is true: a) notification is received to change or terminate direct deposit agreement with this form or via Online Services; b) notification is sent by my bank that the account is no longer valid; c) two (2) years after last student activity with OSU; d) termination of OSU Employment.
4. By enrolling in direct deposit, I am also opting out of printed Payroll earning statements and will access those through Online Services.

AUTHORIZATION

Signature: _____ Date: _____

Please complete all fields on this form; incomplete forms will be returned.
Return Completed form with voided check or savings deposit verification attached.

Return form to: OSU Payroll
100 Kerr Administration
Corvallis, OR 97339-1086