



1250 Siskiyou Blvd, Ashland, Oregon 97520
Fax 541-552-6138

Send to: Service Center, Britt Hall

Faculty, Staff & Student Direct Deposit Enrollment / Cancellation

Return to the Service Center

*** Please note that direct deposits will apply to Payroll & Accounts Payable checks. ***
Employees who wish to have Accounts Payable checks deposited into a different account must contact Service Center.

*This form should not be used to register Vendors for Direct Deposit. Vendors, complete the "Substitute W-9/Direct Deposit" form:
<https://inside.sou.edu/bus-serv/purchasing/index.html>*

Name: _____
Last First

Employee / Student ID No. : _____ Faculty/Staff Student

By signing below, I hereby authorize Southern Oregon University to make the indicated change to my payroll. I also understand that by requesting a new account, change to current account, or adding an additional account that this request is invalid unless accompanied by a voided check or printout from financial institution that shows my full name, financial institution routing number and account number.

- NEW DIRECT DEPOSIT-** Add new primary bank account to deposit all my paychecks.
- CHANGE DIRECT DEPOSIT ACCOUNT-** Change bank/account numbers to deposit my paycheck from my current account
- ADD DIRECT DEPOSIT ACCOUNT.** Add additional bank/account numbers to split the deposit of my paycheck. Indicate amount/percent of paycheck to go into this account (remaining balance deposited in primary account):

Amount \$ _____ or Percentage _____%

- CANCEL DIRECT DEPOSIT/PICKUP CHECK-** Cancel authorization to direct deposit payroll and accounts payable checks. It is understood and agreed that in the event this notice of cancellation is received by Southern Oregon University after the payroll deadline, then it is to be effective beginning the month following the receipt of this signed change form. Checks will be available at the Service Center on the last working day of the month.

Account Type: Checking: Savings:

REQUIRED FOR ALL NEW, CHANGE, OR ADDING ACCOUNT REQUESTS
Attach voided check or print out from financial institution that shows my full name, financial institution routing number and account number.

Signature Date

Service Center Use Only

Verified By: _____ Date: _____

Verification Method: Current Photo ID: Phone call: Date and time of call: _____

Supervisor Approval: _____ Date: _____