

Faculty, Staff & Student Direct Deposit Enrollment / Cancellation

Return form to the Payroll Services Department in Churchill Hall Room 143

*** 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 Payroll Services directly.

This form will not be used to register vendors for direct deposit. Vendors must 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 Payroll Services Department on the last business day of the month.
- REACTIVATE PREVIOUSLY USED DIRECT DEPOSIT** – Please enter the last 4-digits of the account number to be reinstated for confirmation. Last 4 of Account: ____ _

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

Payroll Services Department Use Only

Verified By: _____ Date: _____

Verification: Government Issued Photo ID: Current SOU Photo ID:

Supervisor Approval: _____ Date: _____