

Direct Deposit Authorization
Payee Information

Last Name	First Name	M.I.	V#

Employee Type: (check one)

 Student Faculty/Staff

New Direct Deposit

Bank Name:	Routing Number:	Account Number:

Direct Deposit Authorization and Agreement

1. It is my responsibility to verify payment has been credited to my account, and that WOU has no liabilities for bank fees for any reason.
2. I have provided accurate and current bank account information.
3. I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and US law.

Signature:	Date:

For questions, please email Noah Carrillo at Carrillon@wou.edu