



Direct Deposit & Online Earnings Statement Authorization

Payee Information

| Last Name | First Name | M.I. | WOU ID# |
|-----------|------------|------|---------|
| | | | |

Employee Type: (check one)

☐ Student ☐ Faculty/Staff

New Direct Deposit

| Bank Name: | ABA Routing Number: | Account Number: |
|------------|---------------------|-----------------|
| | | |

Account Type: (check one)

☐ Checking – Attach a voided check.*

☐ Savings – Attach verification of bank and account number.*

☐ I have instructions with my domestic bank to deposit these funds in their entirety to an international bank outside the U.S.

*Your bank may provide you with a card or form that can be used as well, or you can use the top of your bank statement if it includes both the routing number and account number.

Changing Your Current Direct Deposit

Change: (check one)

☐ I wish to stop direct deposit for payroll. I will pick up my check at the Human Resources Office (**Administration Building Room 307**).

☐ I wish to stop my current direct deposit and start direct deposit with a new bank account.

☐ I wish to continue my current direct deposit and add an additional account, with money being divided between accounts as I determine, clearly spelled out in an attached document or the back of this form.

Direct Deposit Authorization and Agreement

1. I understand that the deadline for updating my direct deposit is the 10th of each month. If turned in after the 10th, my updated information will be applied to the next month's paycheck. If my bank account is closing, I will receive a paper check.
2. By enrolling in direct deposit, I am also opting out of printed payroll earning statements and will access those through Wolf Web. I understand current monthly earning statements are available on the last business day of each month.
3. 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.
4. I have provided accurate and current bank account information.
5. I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Oregon and US law. I hereby authorize the State of Oregon to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authority will remain in effect until I have cancelled it in person in writing with the Human Resources Office or notification has been sent by my bank that my account is no longer valid.
6. **For your safety and protection, WOU requires an original signature and valid photo identification to process any changes or updates to direct deposits. If submitting via WOU Portal, please stop by the Human Resources office to present your identification. Remote workers require an appointment to verify your identity. Please schedule at hr@wou.edu**

| Signature: | Date: |
|------------|-------|
| | |

| Office Use: | Date: | By: |
|-------------|-------|-----|
|-------------|-------|-----|

☐ GXADIRD ☐ PEAEMPL ☐ Valid ID Checked