

## Direct Deposit & Online Earnings Statement Authorization

OSU, including Payroll, will be deposited using the information you myosu.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	OPT OUT / DISCONTI	NUE DIRECT DEPOSIT
Bank Name:	<ul> <li>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 <a href="http://myosu.oregonstate.edu">http://myosu.oregonstate.edu</a>.</li> <li>Please send my Payroll check to the department listed above.</li> <li>Please hold my Payroll check for pick up at the Payroll Window (Window #17, Kerr Administration Building).</li> <li>Please sign below and return to the address at the bottom of this form</li> </ul>	
Account Number:		
ABA Routing Number:		
Account Type:		
Checking - Attach a voided check		
Savings - Attach verification of bank and account number *		
<ul> <li>* 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.</li> <li>I have instructions with my domestic bank to deposit these funds in their entirety to an international bank account outside the U.S.</li> </ul>		
DIRECT DEPOSIT AUTHORIZATION AND AGREEMENT I authorize Oregon State University (OSU) to initiate direct depo above, and to recover funds deposited in error if necessary; in co House (ACH) rules. I understand that:		
1. It is my responsibility to provide accurate and current banking	ng information. Notifi	cation of Non-Pavroll direct deposits will be
by e-mail; and it is my responsibility to provide a valid e-mail a	_	
2. It is my responsibility to verify payment has been credited to for any reason.	o my account, and that	t OSU assumes no liabilities for overdraft
3. This authorization will remain in effect until one or more of t terminate direct deposit agreement with this form or via Onlin no longer valid; c) two (2) years after last student activity with	e Services; b) notificat	tion is sent by my bank that the account is
4. By enrolling in direct deposit, I am also opting out of printed Online Services.	d Payroll earning state	ements and will access those through
AUTHORIZATION		
Signature:		Date:
Please complete all fields on this form; incom Return Completed form with voided check or	•	
Return form to: OSU	J Payroll	

100 Kerr Administration Corvallis, OR 97339-1086

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