SOUTHERN OREGON UNIVERSITY

Direct Deposit Reimbursement Authorization

(To authorize direct deposit of salary or wages use the Personal and Paycheck Information Form with Payroll/HR)

Status: ☐ EMPLOYEE ☐ STUDENT ☐ OTHER/Affiliated Personnel

Action: ☐ START ☐ STOP (Allowed upon departure) ☐ CHANGE

Payee Information (Please Print)

Name: _____ Department: _____

SOU ID ☐☐☐☐☐☐☐☐☐ Phone Number: ____ ____ _____

E-Mail Address: _____

Financial Institution Information (Please Print)

Bank Name: _____ Branch: _____

Account Number: _____ Routing No: ☐☐☐☐☐☐☐☐☐

Account Type: ☐ Checking – *Attach a voided check* ☐ Savings – *Attach verification of bank and account number.*

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 and account number.

Direct Deposit Authorization Agreement

This form authorizes Southern Oregon University (SOU) to initiate direct deposits of funds to the account and financial institution indicated above. I acknowledge that the origination of ACH (Automatic Clearing House) transactions to the account indicated above must comply with the provisions of US law.

I understand that:

- A minimum of two business days is required for SOU to make the transfer to my account after I receive the e-mail notification of the reimbursement.
- It is my responsibility to verify payments have been credited to my account and that SOU assumes no liability for overdrafts for any reason.
- In the event my financial institution is not able to deposit any transfer to my account, that SOU cannot issue the funds to me until said funds are returned by my financial institution.
- This authorization will override any previous authorization and will remain in effect until: a) revoked by my written request; b) notification is sent by my bank that the account number is no longer valid; c) six months, after termination of my last appointment at SOU; or d) six months after my last student registration at SOU.
- The only notification to me of the deposit will be by e-mail and that it is my responsibility to provide an active e-mail address, and to update this address as needed.

Signature: _____ Date: _____

Please complete all questions on the form; incomplete forms will be returned.
Return completed form with voided check or savings deposit verification attached.
Employees return form to: SOU Purchasing Office, Churchill 150, 1250 Siskiyou Blvd, Ashland, OR 97520.