

**DIRECT DEPOSIT AUTHORIZATION FORM**

**Oberlin College  
Controller's Office**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT**

NEW REQUEST            CHANGE  
(Please circle one)

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

TRANSIT/ABA NUMBER \_\_\_\_\_  
(The nine digit number that appears on the bottom of your personal check or deposit slip)

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT (Please check one)        \_\_\_\_\_ Checking \*        \_\_\_\_\_ Savings

PERCENTAGE OR DOLLAR AMOUNT OF NET PAY TO BE DEPOSITED \_\_\_\_\_

**Additional accounts:**  
*(Total of all deposits must equal 100 percent of net pay)*

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

TRANSIT/ABA NUMBER \_\_\_\_\_  
(The nine digit number that appears on the bottom of your personal check or deposit slip)

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT (Please check one)        \_\_\_\_\_ Checking \*        \_\_\_\_\_ Savings

PERCENTAGE OR DOLLAR AMOUNT OF NET PAY TO BE DEPOSITED \_\_\_\_\_

By signing this document, I hereby authorize Oberlin College (employer) to initiate credit entries and to initiate, if necessary, debit adjustments for errors to my account(s) listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**\*Attach appropriate voided check(s) and return this signed form to the Controller's Office**

**Any new or changed automatic deposit will take effect the second pay.**