

DIRECT DEPOSIT AUTHORIZATION FORM
 For **PAYROLL** and **EMPLOYEE EXPENSE REIMBURSEMENTS**
 Submit to: Department of Human Resources / Payroll Service Building
 Email: Human.Resources@oberlin.edu
 Phone: (440) 775-8430 Fax: (440) 775-8683

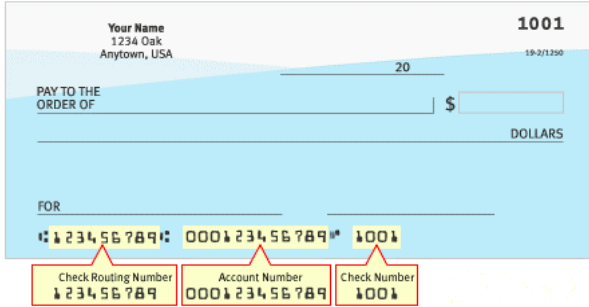
Name:

T Number:

Pay Schedule (select one): **Monthly**
 (Faculty, A&PS, and Confidential)

Bi-Weekly
 (All Unions & Temps)

Student Bi-Weekly
 (All Student Workers and Student Temps)



New Account
Update Existing Account
Terminate Account

***Primary Account: Required for Payroll and Employee Expense Reimbursements**

Bank Name:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing No:	Account No:
Amount to be deposited into this account (select one): <input type="checkbox"/> Entire Pay <input type="checkbox"/> Flat Amount <input type="checkbox"/> Percentage Amount	
(Optional) I authorize this account to also be Primary for Employee Expense Reimbursements: <input type="checkbox"/> YES <input type="checkbox"/> NO	

*I understand that I am responsible for maintaining accurate banking information in OberView Self Service and that I will continue to receive payments by Direct Deposit until I have opted out or have made a change in OberView self-service. I understand that Advance Payments from the Controller's Office (Travel or Payroll) will be issued in the same way by the Controller's Office. In addition, I understand that a direct deposit notification for expense reimbursements will be emailed to me as a courtesy prior to the effective date of the deposit. Pay stubs will continue to be available in OberView. ***A/P reimbursement payments will automatically default to your primary account.***

***Secondary Account # 2 – Optional partial deposit**

Bank Name:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing No:	Account No:
Amount to be deposited into this account (select one): <input type="checkbox"/> Entire Pay <input type="checkbox"/> Flat Amount <input type="checkbox"/> Percentage Amount	

***Secondary Account # 3 – Optional partial deposit**

Bank Name:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing No:	Account No:
Amount to be deposited into this account (select one): <input type="checkbox"/> Entire Pay <input type="checkbox"/> Flat Amount <input type="checkbox"/> Percentage Amount	

I hereby authorize Oberlin College and the depository financial institution named above to initial electronic deposit entries and if necessary withdrawal entries to my account(s) listed above. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provision of US law.

Employee/Student Signature:

Date:

Phone Number:

E Mail Address: