

DIRECT DEPOSIT AUTHORIZATION FORM
For **PAYROLL** and/or **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

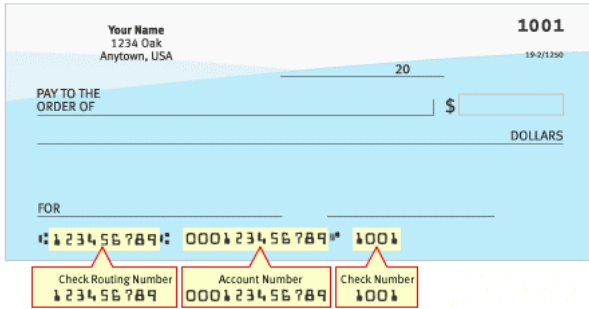
Name:

T Number:

Pay Schedule (select one): Monthly

Bi-Weekly

Student Bi-Weekly



New Account
Update Existing Account
Terminate Account

***Primary Account: Required for Payroll. Optional for 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 PRESTO Self Service and that I will continue to receive payments by Direct Deposit until I have opted out or have made a change in PRESTO self-service. I understand that Advance Payments from the Controller's Office (Travel or Payroll) will be issued in the form of a check only and will be available for pick up where indicated either in Controller's or Human Resources 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 PRESTO.

***Secondary Account # 2 – Optional partial deposit for Payroll ONLY**

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 for Payroll ONLY**

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: