



Direct Deposit Authorization Form

Instructions: Please complete and sign the form. If you elect more than one bank and/or account, please indicate the percentage or amount you are requesting be deposited into each account. **Attach a voided check or deposit slip and return this form to Human Resources or payroll@owens.edu.** If you have more than four (4) accounts, please complete an additional form. **Note:** Forms received by Human Resources or payroll@owens.edu by Monday at noon of a pay week will be processed by next pay date.

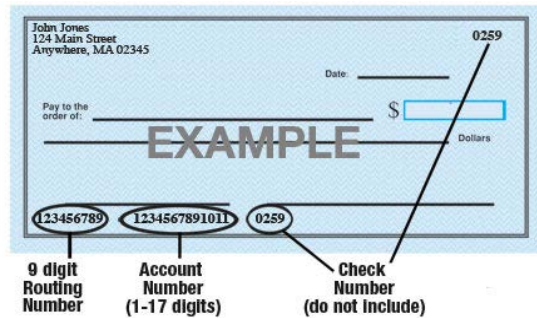
Employee Information

Employee Name _____

OCID# _____

Agreement Type New Hire/Re-Hire Change/Correction

Banking Information



Account #1

Add/New Account Change of Account/Amount Remove Account

Bank/Credit Union _____

Routing Number (9 digits) _____

Account Number _____

Type of Account Checking Savings

Type of Deposit ____ % Percentage **OR** ____ \$ Amount **OR** Remaining Balance

Account #2

Add/New Account Change of Account/Amount Remove Account

Bank/Credit Union _____

Routing Number (9 digits) _____

Account Number _____

Type of Account Checking Savings

Type of Deposit ____ % Percentage **OR** ____ \$ Amount **OR** Remaining Balance



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Account #3

Add/New Account Change of Account/Amount Remove Account

Bank/Credit Union _____

Routing Number (9 digits) _____

Account Number _____

Type of Account Checking Savings

Type of Deposit _____ % Percentage **OR** _____ \$ Amount **OR** Remaining Balance

Account #4

Add/New Account Change of Account/Amount Remove Account

Bank/Credit Union _____

Routing Number (9 digits) _____

Account Number _____

Type of Account Checking Savings

Type of Deposit _____ % Percentage **OR** _____ \$ Amount **OR** Remaining Balance

Employee Agreement and Signature

I hereby authorize Owens Community College to initiate credit entries to the following checking and/or savings accounts. This authority is to remain in full force and effect until Owens Community College has received written notification from me of its termination in such time and in such manner as to afford Owens Community College and the above listed bank(s) a reasonable opportunity to act on it. I understand that if I have a break in service (one year or greater), my direct deposit will not be automatically reinstated. I also understand that there is a process to implement my first direct deposit transmission and there may be a need for Owens to issue a physical check in the meantime.

I acknowledge I have received, read, and agree to follow this agreement and all applicable policies and procedures.

Employee Signature: _____ Date: _____