

DIRECT DEPOSIT ENROLLMENT FORM

NET AMOUNT

ATTENTION: OHSU Payroll Policy requires a mandatory one pay period bank verification cycle for new Direct Deposit accounts.

You will receive a **PHYSICAL CHECK** until your account information is verified.

NOTE: This form is to start, stop or change a direct deposit of the **Take Home Net Amount** of your check.

<input type="checkbox"/> New <input type="checkbox"/> Cancel <input type="checkbox"/> Change	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Bank
	Account #
	Routing/Transit/ABA #

Please TAPE, do not staple.

Please attach voided check(s) here for Checking account(s).

Please attach deposit slip(s) here for Savings account(s).

I agree that if an amount is deposited to my account in excess of my due wages as the result of an error, I will pay this excess to OHSU. If my direct deposit is active then I allow payroll to retrieve the funds from my account if it is within 5 days of payday. I further agree that I shall be responsible for monitoring the above account(s) to ensure that deposits are made to the correct account(s) in the correct amount, and I will immediately report any discrepancies to the OHSU Payroll Office. I will notify OHSU Payroll before I close my account(s). If I fail to do so, I acknowledge that this could delay the receipt of my check by 5 business days from the time of the notification.

NOTE: Please complete section below to avoid delay or stop in the processing of your direct deposit.
To ensure confidentiality forms are not returned for correction without an ID# or SSN.

Name (Please Print)

ID # or SSN

Signature

Date

**Please FAX completed form with attached checks and/or deposit slips to (503) 346-6839 and keep the original for your records. Form must be received by 9:00 AM the Friday preceding a regularly scheduled payday to be effective.
Please contact Payroll at 494-8103 if you have any questions.**