

**DIRECT DEPOSIT  
ENROLLMENT FORM**  
For GRA Support or Stipend Payments



**ACCOUNTS PAYABLE OFFICE**  
Mail Code AD 220 Fax # 503-494-2151

**NOTE:** *This form is for starting or stopping direct deposit to a checking or savings account. It may also be used to change the bank or account of your existing direct deposit information. This form will stay in effect through your current year appointment. A new form must be submitted to the Accounts Payable office at the renewal of your appointment to continue receiving your payments via direct deposit.*

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

**Please attach a voided check(s) here if the account(s) is for checking.**

**Please attach a deposit slip(s) here if the account(s) is for Savings.**

*I agree that if an amount is deposited to my account in excess of my due payment as the result of an error, I will pay this excess to OHSU. If my direct deposit is active then I allow the Accounts Payable dept. to retrieve the funds from my account if it is within 5 days of the pay date. I further agree that I shall be responsible for monitoring the above account to ensure that deposits are made to the correct account in the correct amount, and I will immediately report any discrepancies to the OHSU Accounts Payable Office. I will notify OHSU Accounts Payable before I close my account. 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:** *Not completing the entire box below could delay or stop the processing of your direct deposit.*

Name (Please Print)	Signature	SSI#	Date
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**Send this completed form with attached checks and/or deposit slips to: OHSU Accounts Payable Office, AD220 or Fax a copy to (503) 494-2151. This form must be received in our office by the 15th of the month to be effective that month.**