

DIRECT DEPOSIT ENROLLMENT FORM

GRA Support or Stipend Payments

NOTE: *This form is for starting, stopping, or changing a direct deposit to a checking or savings account for GRA Support or Stipend Payments only. Please submit by the 15th of the month to be effective that month.*

<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 TAPE, do not staple.

Please attach voided check here for Checking account.

Please attach deposit slip here for Savings account.

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: *Please complete the entire section below to avoid delay or stop in the processing of your direct deposit.*

Name (Please Print)

SSN

Signature

Date

Please submit this completed form by email at:
Post-Doctoral Trainees: prstipends@ohsu.edu
Stipend Recipients other than Post-Doctoral Trainees: stipends@ohsu.edu.