



AUTHORIZATION FOR ELECTRONIC DEPOSIT

I, _____, authorize the State of Oregon to deposit \$_____ (or net pay)

from my pay each pay period and forward said funds to the named financial institution. I authorize the institution named below to accept and distribute said funds in the manner designated by me. I authorize EOU to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account. I understand that this authorization will override my previous authorization, and will remain in effect until the State of Oregon has received written notification of its termination.

Employee signature _____ Date _____ Social Security Number _____

Your paycheck will be deposited the last working day of the month.

- New electronic deposit: Checking or Savings at _____
- Change withholding from \$_____ to \$_____
- Terminate account # _____ at _____
- Other: _____

Check one: Unclassified/Faculty Classified Student Temp

A VOIDED CHECK MUST BE ATTACHED. PLEASE RETURN TO THE PAYROLL OFFICE BY THE 15TH IN ORDER FOR CHANGES TO BE MADE IN THE CURRENT MONTH.

- Earnings statements for unclassified and classified employees will be delivered to the campus office where mail is received.
- Earnings statements for students and resource faculty will be mailed to the address on record. Please confirm with the Payroll Office that the address on file is current. **WE ARE NOT CONNECTED TO WEBSTER.**

FOR PAYROLL USE ONLY:
Bank # _____ Account # _____ Pre-note Input Date _____
Waive
PEAEMPL: Change Check Distribution to mail earning statement
GXADIRD: