

Payroll & Accounts Payable

EMPROYEE DIFECT I	Name	ACH Credit Authorization First					Middle Name		
			City			State	7in C	ode.	
Current Address □Ne		City		tate Zip Code		ode			
Primary Phone Number		E2 A J.J	□New?		Fmnl	oyee Classificatio	n		
Ema		Email Address	ill Address — New?						
					 □ Unclassified □ Classified □ Student □ Temporary □ Adjunct □ Other 				
nstructions to Start									
Please Note: If requesting m Employment Related Expension inancial institution that received	e Reimb	oursements and Trav r "Balance of Net P	vel Advances will be a Pay".	routed to O	st indica R Accou	te which account yonts Payable transact	ur Accou ions will	ints Payable default to the	
A voided check must be att	ached fo	or each account (no	o deposit slips, pleas		4-			□ A ationata	
		First Acc	ount	☐ Activa	Second Accor		nt	☐ Activate ☐ Terminate	
Select Deposit Type (one or both)		h) □Payroll	□Payroll □Accounts Payable			□Payroll □Accounts Payable			
Select Type of Account		□Checkii	□Checking □Savings			□Checking □Savings			
Indicate if your Account is		□Persona	□Personal □Business			□Personal □Business			
Name of Financial Instit	ution								
Routing Number									
Account Number									
Enter Deposit Amount (fixed amount used for Payroll only)		□Fixed A	□Fixed Amount \$			□Fixed Amount \$			
		□Balance	☐Balance of Net Pay				☐Balance of Net Pay		
International ACH Transaction (IAT) Statement		The ent	The entire amount of the ACH deposit IS NOT deposited to a financial institution outside the U						
You must check the appropriate box to complete this statement.		The ent	The entire amount of the ACH deposit IS ultimately deposited into a financial institution outside the U.S.						
Employee Acknowled I authorize Eastern Oreg Payable Employment Rela adjustments to reverse any	on Univated Exp	versity to initiate opense Reimburser	electronic credit ent nents and Travel A	dvances ar					
I understand that by enropayroll Earnings and Ded Mountie Hub.								Please initia	
It is my responsibility to believe there is a discrepa				ınts Payab	le at ap	@eou.edu, if I			
I acknowledge that the o	riginati	on of ACH transa	actions to my accou	nt must co	mply w	ith the provisions	of Oreg	on and U.S. law.	
I understand that this AC	H autho	orization will rema	ain in effect until I	cancel it in	writing	g with Payroll or A	Accounts	s Payable.	
nployee Signature:						Date:			
Office Use Only									
AEMPL Set-up	Da	te Delivered to Δ	.P F1	IMVEND S	et-un		AEMAL A		