

Payroll & Accounts Payable

Employee Direct Deposit / ACH Credit Authorization

Employee Information

EOU ID: _____
 Last Name: _____ First Name: _____ Middle : _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Employee Classification: Student Classified Unclassified Temporary Adjunct Other

Instructions

If requesting more than one account for payroll deposits, indicate which account should receive Accounts Payable reimbursements. Otherwise, deposits default to the account receiving the balance of net pay. Attach a voided check for each account (no deposit slips). Changes may take 1-2 pay cycles to take effect.

First Account
<input type="checkbox"/> New <input type="checkbox"/> Change Existing <input type="checkbox"/> Cancel
Type (one or both): <input type="checkbox"/> Payroll <input type="checkbox"/> Accounts Payable
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Ownership: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Bank Name:
Account #:
Routing #:
Amount: <input type="checkbox"/> Fixed Amount \$ _____ <i>or</i> <input type="checkbox"/> Balance of Net Pay

Second Account (Optional)
<input type="checkbox"/> New <input type="checkbox"/> Change Existing <input type="checkbox"/> Cancel
Type (one or both): <input type="checkbox"/> Payroll <input type="checkbox"/> Accounts Payable
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Ownership: <input type="checkbox"/> Personal <input type="checkbox"/> Business
Bank Name:
Account #:
Routing #:
Amount: <input type="checkbox"/> Fixed Amount \$ _____ <i>or</i> <input type="checkbox"/> Balance of Net Pay

International ACH Transaction (IAT) Statement

You must check the appropriate box to complete this statement.

The entire amount will **NOT** be deposited outside the U.S. The entire amount **WILL** be deposited outside the U.S.

Employee Acknowledgement and Authorization

I authorize Eastern Oregon University to initiate electronic deposits for payroll and employment-related reimbursements or travel advances, and to make necessary debit adjustments for any errors. I consent to receiving my payroll statements electronically through Mountie Hub. I understand it is my responsibility to report any discrepancies to Payroll or Accounts Payable. I acknowledge that all ACH transactions must comply with Oregon and U.S. law. This authorization remains in effect until I cancel it in writing.

Signature: _____ Date: _____

For Office Use Only

GOAEMAL & FTMVEND Date: _____ GXADIRD Set Up Date: _____