



## CANCEL DIRECT DEPOSIT AUTHORIZATION FORM

\*\*\*DUE TO THE TIME REQUIRED FOR PAYROLL AND BANK PROCESSING, ALLOW ONE PAY PERIOD FOR IMPLEMENTATION\*\*\*.

I HEREBY AUTHORIZE EASTERN OREGON UNIVERSITY TO CANCEL THE DEPOSIT OF MY NET PAY EACH PAY DAY DIRECTLY TO MY ACCOUNT(S) AND TO INITIATE, IF NECESSARY ANY DEBIT ENTRIES AND ADJUSTMENTS FOR ANY DIRECT DEPOSIT ERRORS MADE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CHECK MY ACCOUNT EACH PAY DAY TO ENSURE THAT MY MONEY WAS CORRECTLY DEPOSITED.

**THE UNIVERSITY WILL NOT BE LIABLE FOR EMPLOYEE BANK CHARGES RESULTING FROM PROBLEMS ASSOCIATED WITH DIRECT DEPOSIT SUCH AS: ERROR IN EMPLOYEE PROVIDED BANK INFORMATION, OR LACK OF EMPLOYEE NOTIFICATION WHEN A BANK ACCOUNT IS CLOSED.**

Checking Account

Savings Account

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

DATE	EOU ID #	PHONE #	STREET ADDRESS
CITY	STATE	ZIP	SIGNATURE

I am requesting to have my payroll check:

Mailed

Picked up