



DIRECT DEPOSIT AUTHORIZATION FORM

Employees who desire to participate in the direct deposit program should complete this form and return it to the Human Resources Office. **Please attach a voided copy of your check/savings account showing the appropriate account numbers.**

You have the option of depositing your paycheck into checking or savings accounts or both. You may exercise that option by indicating your instructions below.

Name: _____ SS #: _____

Please deposit my payroll check as follows:

Bank Name and Location: _____

Type of Account:

_____ **Checking** _____ **Savings**

Routing/Transit Number* _____
First 9 digits on check

Account Number: _____

Amount: _____

_____ **Checking** _____ **Savings**

Routing/Transit Number: _____
First 9 digits on check

Account Number: _____

Remainder Amount: _____

I also authorize University of the Ozarks to email my payroll voucher to my Ozarks email address. The voucher will be emailed to my Ozarks email the day payroll is processed, usually 3 days before the effective date of payroll, (the 15th, or 30th/31st or last working day of the pay period).

I will notify Human Resources if I want either of these processes stopped.

Ozarks Email Address

Signature

Date