

**Direct Deposit Agreement Form**

**Oklahoma Baptist University**

**Authorization Agreement**

I hereby authorize Oklahoma Baptist University (OBU) to initiate automatic deposits to my account at the financial institution named below. I also authorize OBU to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold OBU responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Human Resources Office receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Human Resources Office.

**CHECKING ACCOUNTS** – Attach a voided check for each account. \*\*If a voided check is not attached, this section should be completed by your financial institution along with their name and signature\*\*.

**SAVINGS ACCOUNTS** – Deposit slips can NOT be used. This section and the routing and account numbers should be completed by your financial institution.

This is a  New agreement  Change of an existing agreement

**Account Information**

Start  Stop  Change

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ or  Balance  Net

Account Number: \_\_\_\_\_  Checking  Savings

**Account Information**

Start  Stop  Change

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ or  Balance  Net

Account Number: \_\_\_\_\_  Checking  Savings

**Account Information**

Start  Stop  Change

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ or  Balance  Net

Account Number: \_\_\_\_\_  Checking  Savings

**Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last 4 #'s of Social Security Number: \_\_\_\_\_ OBU ID#: \_\_\_\_\_