



OAKWOOD UNIVERSITY

Office of Payroll

DIRECT DEPOSIT FORM / PAYROLL

Authorization agreement for automatic deposits (ACH credits):

Bank/Company (Issuer) name: _____

I authorize the above-named Company and financial institution to electronically deposit my net pay to the specified account each payday.

Select One: Checking Savings

ACH routing number: _____

Account number: _____

If monies to which I am not entitled are deposited to my account, I authorize the Company (issuer) to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing, or upon termination of my employment with said **Company**.

First Name

Middle Initial

Last Name

Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ SSN#: _____

Staff/Student ID #: _____

Staple a voided check to this completed form.

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

*Education * Excellence * Eternity*

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