UNIVERSITY OF THE OZARKS | *Office of Human Resources*

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 e-mail my payroll voucher to my Ozarks email address. The voucher will be e-mailed 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 E-mail Address

_____ _____
Signature Date