

The University of Oklahoma
Health Sciences Center

Automatic Deposit Transmittal

Disclosure of your Social Security Number is required by Federal and State law. It will be used for identification and tax purposes.

Name:	Soc. Sec. #:	Employee ID (6 digit HR#):	Date of Birth:
Mailing Address:	City:	State:	Zip:
Home Phone:	Work Phone:		

I hereby request the following action:

- Add - New direct deposit authorization to the financial institution noted below.
- Change - Update direct deposit authorization because of a change in banking information.
- Terminate - Only to be used when leaving the University of Oklahoma system.

You must answer the following questions:

- Do you currently work for any other Oklahoma state agency or university? Yes No
- Is your work at OUHSC only temporary? Yes No
- Did you transfer to OUHSC from any other Oklahoma state agency or university? Yes No
- If yes, from where: _____

If monies to which I am not entitled are deposited to my account, I authorize the University of Oklahoma Health Sciences Center (OUHSC) to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by OUHSC will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED (DIRECT DEPOSIT ONLY): Checking Savings

Financial Institution Name (your bank): _____

City: _____ State: _____

I understand that this authority is to remain in full force for the duration of my employment at OUHSC and can only be terminated: (A) If my employment ends with The University of Oklahoma Health Sciences Center, at which time this agreement will expire; (B) The event of my death, at which time this agreement expires immediately, upon notification; (C) I terminate my direct deposit. I am providing this information to facilitate my personal banking needs and shall be considered personal and held in confidence.

 Signature Date

- **If choosing Savings or Checking, please attach either a voided check or an official document from your financial institution, signed by a representative of that institution, showing the financial institution's routing number and your account number.**
- **If choosing the paycard, the state should mail the card to the address listed above within two weeks. Directions on how to activate the card will be included in the mailing. You must call the Employee Service Center at 271-2180 to confirm that you received the card in order to be set up with direct deposit to the PayCard.**
- **No faxed documents, a form with original signature must be on file.**
- **No deposit slips of any kind.**

For HR use only:

Date: _____

Initials: _____

Revised 7/17/2018

Please return completed form to:

OKC Campus
 Employee Service Center
 SCB 118

Tulsa Campus
 Human Resources 1C114

Attach voided check here