



OTTERBEIN
UNIVERSITY

Otterbein University Authorization Agreement for Automatic Payroll Deposit

I hereby authorize Otterbein University to initiate direct deposit entries to the accounts (checking, savings, money market, credit union, etc.) indicated below, and authorize the financial institution(s) to credit the same to these accounts. This authority is to remain in effect until revoked by me in writing or by termination of my employment with Otterbein University.

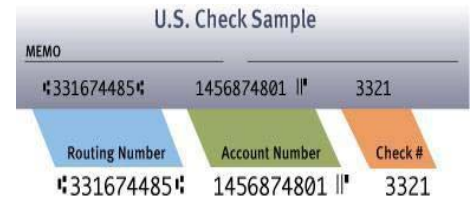
1. Deposit \$ _____ / _____ % (specify amount or percentage) into the account below.
This amount is to be deposited **first**.

Account Number : _____

Type of Account: Checking* or Savings

Bank Name: _____

Bank Routing (ABA) Number: _____



2. Deposit the **balance** of my net pay into the account below.

Account Number : _____

Type of Account: Checking* or Savings

Bank Name: _____

Bank Routing (ABA) Number: _____

No Change - please use the account(s) information on file.

Please attach a voided check for each account.

Print Name: _____

Signature: _____

Date: _____

Otterbein ID #: _____

Important: If you change financial institutions

- **Students** contact Payroll at ext. 1132.
- **Non-students** contact Payroll at ext. 1126.

Direct deposit paystubs are not printed.

A password-protected deposit advice is sent to your *Otterbein email*.