



Oregon University System

Chancellor's Office (ACH) Authorization Agreement for Direct Deposit

Office of the Chancellor
P.O. Box 488
Corvallis, OR 97339-0488
FAX (541) 737-0552
PHONE (541) 737-3636
<http://www.ous.edu>

To complete this form:

- Fill out Sections A, B and C.
- Send the completed document to Christy Farm of the Chancellor's Office (listed in Section B below).
(Note: To expedite your request, this document may be faxed, and the original sent as follow-up.)

Section A – Requestor Information – Payee/Agency (Required)

Name: _____ TIN/SSN: _____

Address: _____

We hereby authorize the sending Company indicated below to initiate CREDIT ENTRIES ONLY to our account at the financial institution indicated below. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Contact Name: _____ Telephone #: _____

E-mail Address: _____ Fax #: _____

You will be notified via e-mail when a deposit is made to your checking or savings account.

Section B – Sending Company Information

Name: OUS Chancellor's Office
PO Box 488
Corvallis, OR 97339-0488
E-mail: co-vendors@lists.ous.edu

Contact: Business Services
Telephone #: (541) 737-3636
Fax #: (541) 737-0552

Section C – Financial Institution Information

Name: _____

Branch: _____

Address: _____

Nine-digit routing transit #: _____

Depositor Account Title: _____

Depositor Account Number: _____

Type of Account: Checking Savings

Security Authorization :

This information will override any previous authorization and is to remain in full force and effect until the Sending Company indicated above has received written notification from us of termination in such manner as to afford the Sending Company and Financial Institution a reasonable opportunity to act on it.

Signature

Date

Telephone Number

Title of Payee Representative