

# Ozarks Unlimited Resources Educational Cooperative

## DIRECT DEPOSIT AUTHORIZATION FORM

*Please return this form to the Business Office.*

### EMPLOYEE INFORMATION

\_\_\_\_\_  
(Employee Name)

\_\_\_\_\_  
(Social Security Number)

### DIRECT DEPOSIT INFORMATION

I hereby authorize the Ozarks Unlimited Resources Educational Cooperative to initiate credit entries for payroll to my account indicated below and the financial institution named below to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Account: \_\_\_ Checking \_\_\_ Savings

This authorization is to remain in full force and effect until the Ozarks Unlimited Resources Educational Cooperative has received written notification from me of its termination in such time and manner as to afford the Ozarks Unlimited Resources Educational Cooperative and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

### **PLEASE ATTACH A VOIDED CHECK HERE!**

*A voided check for the account into which your direct deposits are to be made must be attached to this form. Deposit slips will NOT be accepted.*