WESTERN OREGON UNIVERSITY

Direct Deposit of Accounts Payable Authorization Agreement Form

PLEASE PRINT	
Name Address	Talambana Nyumban
Email Address WOU Employees -please use WOU of	official email address
	on University to initiate direct deposit credit entries and, if necessary, prrect any deposit errors to my checking or savings account at the ow.
written notification from me of its	force and effect until Western Oregon University has received s termination in such time and in such manner as to afford Western cial institution named below a reasonable opportunity to act on it.
Name of Financial Institution	
Bank Routing #	Account #
Savings account. Check this box if the in and/or financial institu	ided Check for checking account and a Deposit Slip for Information above is a change of your bank account
Signature	Date
Mail or bring the form to us a	at:
Bus	Western Oregon University siness Services- Accounts Payable Welcome Center 221 345 Monmouth Ave N Monmouth, OR 97361
Direct Deposit Authorization	February 2025
Entered by:	Verified by:

initials

date

initials

date