



STUDENT DIRECT DEPOSIT AUTHORIZATION

NAME: (LAST, FIRST MI)		
OHSU ID NUMBER (SSN)	TELEPHONE NUMBER	EMAIL ADDRESS

SEND MY STUDENT ACCOUNT REFUNDS TO (UNTIL FURTHER NOTICE)

NAME OF BANK OR CREDIT UNION		
BRANCH	CITY	STATE
ACTION (CHECK ONE ONLY)		TYPE OF ACCOUNT
<input type="checkbox"/> ESTABLISH <input type="checkbox"/> DISCONTINUE <input type="checkbox"/> CHANGE		<input type="checkbox"/> CHECKING

I hereby authorize and request the University, until this authorization is revoked by my written request, or until three consecutive terms have passed without Direct Deposit activity, to transfer payments to the financial institution indicated above for deposit to my account. In the event that the University may be legally obligated to withhold any additional part of my financial aid for any reason, I understand that the University shall have the authority to terminate immediately any transfer made under this authorization. If funds to which I am not entitled are deposited to my account, I authorize Oregon Health & Science University to direct the financial institution to return said funds. I understand that the University needs up to three **(3) business days** to make the transfer to my account after funds become available. Authorizations received by the OHSU Cashiers Office will be effective no later than three (3) weeks from the date of receipt.

I also understand that in the event my financial institution is not able to deposit any transfer into my account due to any action I take, the University cannot process supplemental financial aid until the funds are returned to the University by my financial institution. I understand that it is my responsibility to verify that payments have been credited to my account and that Oregon Health & Science University assumes no liability for overdrafts for any reason.

If for any reason this authorization results in an overpayment of financial aid, I hereby authorize the University to either:

- (a) Withhold a sum equal to the overpayment from my next payment of financial aid; or
- (b) Establish an immediately due and payable accounts receivable bill; or
- (c) Upon notification by the University, debit my above identified checking or savings account for an amount not to exceed said overpayment.

The determination of which action to take in this circumstance will be at the discretion of the University.

Please keep a copy of this authorization for your records.

STUDENT'S SIGNATURE	DATE SIGNED _____
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PLEASE ATTACH A BLANK VOIDED CHECK (FOR CHECKING ACCTS) OR A BLANK SAVINGS DEPOSIT SLIP (FOR SAVINGS ACCTS) IN THIS SPACE. THE DEPOSIT SLIP OR VOIDED CHECK MUST BE PREPRINTED WITH THE BANK ACCOUNT NUMBER IMPRINTED ON IT.

NOTE: Direct Deposit to your account remains in effect until you notify us in writing to discontinue it; or, until three consecutive terms have passed with no ACH activity.

AVOID THE LINES

QUESTIONS? Call 503 494-8243
FAX 503 494-5120

BRING COMPLETED FORM TO BAIRD
HALL, ROOM 1031 OR MAIL TO:

OHSU – Cashiers Office
3181 SW Sam Jackson Park Rd
Mail Code: L002
Portland, OR 97239