



Hello,

Please create a direct deposit for this student. This student will participate in off-campus program next semester, and IPO will issue study grants and visa-related reimbursement through the direct deposit.

Thank you,

International Programs

**International Programs**

1600 Campus Road F-16, Los Angeles, CA 90041-3314 | 323-259-2728 | [oxy.edu/ipo](http://oxy.edu/ipo)

OCCIDENTAL COLLEGE  
1600 Campus Road  
Los Angeles, CA 90041

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

### Employee Information

NAME Last: \_\_\_\_\_ First: \_\_\_\_\_

☐ Student

Oxy ID Number: \_\_\_\_\_ ☐ Staff/Faculty

### Financial Institution Information

#### BANK

NAME: \_\_\_\_\_

Routing Number: \_\_\_\_\_  
(RTN OR ABA#)

Account Number: \_\_\_\_\_

Checking Account [ ☐ ] OR Savings Account [ ☐ ] (check all that apply)

DEPOSIT AMOUNT: [ ☐ ] Entire Check/Balance of Check  
(check all that apply) [ ☐ ] Set Amount of \$ \_\_\_\_\_  
[ ☐ ] Percentage of Net Pay \_\_\_\_\_

I authorize Occidental College (hereinafter referred to as College) to make deposits to the financial institution named above. In the unlikely event of a deposit error, I authorize the College to make adjustments to correct the error. Further, I understand and agree that any changes to this authorization agreement must be made in writing. This authorization agreement will remain in full force and effect until the College has received written notification from me of its termination in such time and in such manner as to afford the College and my financial institution a reasonable opportunity to act on it. I also understand that if my payment record (i.e. timesheet) is received after the deadline for the payroll, I will receive a hard check (i.e. a real check, not direct deposit).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* PLEASE ATTACH A VOIDED CHECK, OR IF YOU DO NOT HAVE ONE GO TO YOUR ONLINE BANKING SERVICE TO FIND YOUR ACCOUNT AND ROUTING NUMBER \*\***