

# Oglala Lakota College

## Payroll Direct Deposit Authorization Form

I hereby authorize Oglala Lakota College to deposit my net payroll into my account/accounts as described below.

### 1<sup>st</sup> account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing Number \_\_\_\_\_

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

Account Type \_\_\_\_\_ % \_\_\_\_\_  
(Checking or Saving)

### 2<sup>nd</sup> Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing Number \_\_\_\_\_

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

Account Type \_\_\_\_\_ % \_\_\_\_\_  
(Checking or Saving)

This authorization is to remain in full force and effect until OLC payroll has received written notification from me of its termination. Written notification must be received two weeks prior to termination.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a copy of void check to this form. Deposit slips are not accepted.**

**PLEASE RETURN COMPLETED FORM TO THE PAYROLL OFFICE.  
(Incomplete and/or missing information will delay processing.)**