

Oglala Lakota College
Travel / Scholarship
Direct Deposit Authorization Form

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

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 _____ ID# _____

Signature _____

Date _____

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

**PLEASE RETURN COMPLETED FORM TO THE BUSINESS OFFICE @
FAX# (605) 455-2787 OR EMAIL TO *sarjanis@olc.edu*
(Incomplete and/or missing information will delay processing.)**

CANCELATION OF THIS AUTHORIZATION MUST BE IN WRITING.