

NORTHEAST OHIO MEDICAL UNIVERSITY

Direct Deposit Authorization Agreement

This form is intended for use by students, independent contractors, or vendors. Employees must use the DDP form specified for employees.

Effective Date

_____ New Authorization

_____ Change in existing authorization

Legal Name (Last, First, Middle Initial)

Email Address

Phone Number

I hereby authorize NORTHEASTOHIO MEDICAL UNIVERSITY and the DEPOSITORY(IES) named below, to initiate direct deposit entries and, if necessary, to initiate reversal entries to adjust for any deposit entries made in error to my account(s).

This authorization is to remain in full force and effect until NEOMED has received written notification from me of its termination in such time and in such manner as to afford NEOMED and DEPOSITORY(IES) a reasonable opportunity to act on it. I understand that I must provide NEOMED with the correct banking information and notify them in a timely manner of any changes in my banking information. Failure to do so will result in delayed deposit of my funds and a non-refundable NSF charge. I further understand NEOMED maintains the right to terminate, suspend, or amend the Direct Deposit program in whole or in part at any time.

Signature

Student Banner ID (if applicable)

Date

DEPOSITORY INFORMATION

It is recommended that you include documentation (voided check or savings account card) to support the information that you provide below.

Name of Financial Institution-**required field**

Type of Account:

It is required that you select the appropriate account type.

Checking

Savings

Routing Number-**required field**

Account Number-**required field**

Please verify your depository information for completeness and accuracy before uploading. If there is any information missing within the required fields, your form will not be processed.

UPLOAD INSTRUCTIONS FOR NON-STUDENTS

Clear your cache before proceeding. Return completed form(s) via the secure folder upload at <https://neoussbssl.neomed.edu/BannerExtensibility/customPage/page/DocsUpload>.

- User ID: sdocupload@neomed.edu
- Password: n061274!
- Select Document Type "AP Direct Deposit"
- Browse for Your File
- Upload File

UPLOAD INSTRUCTIONS FOR NEOMED STUDENTS

Clear your cache before proceeding. Return completed form(s) via the secure folder upload at <https://www.neomed.edu/students/>

- Log in to Banner Self Service
- Select Personal Information
- Select Secure Document Upload
- Select Document Type "ACCT Direct Deposit"
- Browse for Your File
- Upload File