



PayCard Request Form

The State of Oklahoma should mail the debit card to the address listed below within three weeks. Directions on how to activate the card will be included in the mailing, and you must notify Human Resources at 271-2180 to confirm that you received the card.

Disclosure of your Social Security Number is required by Federal and State law. It will be used for identification and tax purposes.

Name:	Soc. Sec. #:	Employee ID (6 digit HR#):	Date of Birth:	
Mailing Address:		City:	State:	Zip:
Home Phone:		Work Phone:		

I understand that this authority is to remain in full force for the duration of my employment at OUHSC and can only be terminated: (A) If my employment ends with The University of Oklahoma Health Sciences Center, at which time this agreement will expire; (B) The event of my death, at which time this agreement expires immediately, upon notification; (C) I terminate my direct deposit (under special circumstances). I am providing this information to facilitate my personal banking needs and shall be considered personal and held in confidence.

If monies to which I am not entitled are deposited to my account, I authorize the University of Oklahoma Health Sciences Center (OUHSC) to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by OUHSC will not be affected by my decision to use Electronic Fund Transfer.

Signature

Date

For HR use only:

Processed Date: _____

Initials: _____