



Please check all that apply:

Faculty/Staff

Student

Student Employee

**CENTRAL WASHINGTON UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION
PAYROLL/STUDENT FINANCIAL SERVICES**

**PLEASE ATTACH
Voided Check Here!**

***For a direct deposit to a Savings account, your bank must fill out information below.**

Last Name	First Name	M.I.
CWU Identification Number <input type="text"/>		Your Phone Number <input type="text"/>
		Department you work for <input type="text"/>

<input type="checkbox"/> START Check this box if you do not currently have direct deposit and would like to set it up.	<input type="checkbox"/> CHANGE Check this box if you currently have direct deposit set up but you would like to change the routing or account numbers.	<input type="checkbox"/> STOP Check this box to cancel your direct deposit
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Type of Account – CHECK ONE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	*Bank Name <input type="text"/>	Phone Number <input type="text"/>	Bank Officer Signature <input type="text"/>
	Routing Number <input type="text"/>	Account Number <input type="text"/>	

<input type="checkbox"/> I UNDERSTAND THAT I MUST SUBMIT A DIRECT DEPOSIT AUTHORIZATION FORM IF I CHANGE BANKS AND/OR ACCOUNTS.	I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my salary and/or refund, after mandatory and authorized deductions to be deposited in this financial institution. In the event that the State may be legally obligated to withhold any additional part of my salary and/or refund for any reason, I understand that the State shall have the authority to immediately terminate any transfer made under this authorization.
Return Original To: All Faculty, Staff and Student employees return to Payroll (509) 963-2221 MS 7479 Students who are not working return to Student Financial Services MS 7491	In the event that the exercise of this authorization for any reason results in an overpayment of salary /wages and/or refund actually due me, I hereby authorize the state to either: (a) Withhold a sum equal to the overpayment from my next payment; or (b) Upon notice, debit my above-identified checking or savings account to reverse original amount and reissue a "hand check" that I will pick up at the cashiers office. <input type="checkbox"/> I understand this Direct Deposit Authorization applies to both Payroll checks and Safari refunds.
	Employee's Signature _____ Date _____