Central Washington University

CENTRAL WASHINGTON UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION

STUDENT FINANCIAL SERVICES ONLY

Please check all that apply:

☐ Student Only

☐ Parent of CWU Student

STUDENT ACCOUNT REFUNDS ONLY

Type of Account – CHECK ONE ☐ **Checking** ☐ **Savings**

IMPORTANT: Verify that the bank routing and account number is correct. If the data is not correct your refund will be delayed.

Bank Name _____

Routing Number

Account Number

Last Name	**First Name**	**M.I.**

CWU Identification Number	Your Phone Number:
	Email Address:

START	**CHANGE**	**STOP**
☐ Check this box if you do not currently have direct deposit and would like to set it up.	☐ Check this box if you currently have direct deposit set up but you would like to change the routing or account numbers.	☐ Check this box to cancel your direct deposit

Complete and sign the form. Return the signed form to the Cashier's Office:

Email: cashiers@cwu.edu

Fax: 509-963-2257

MAIL:
Central Washington University
Cashiers Office
Barge Hall Rm. 105
400 East University Way,
Ellensburg, WA 98926-7490

The form is due by the 5th day of the quarter.

By signing, I acknowledge the following:

I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my refund, after mandatory and authorized deductions to be deposited to the financial institution listed on this form.

In the event that the State may be legally obligated to withhold any additional part of my refund for any reason, I understand that the State shall have the authority to immediately terminate any transfer made under this authorization.

In the event that the exercise of this authorization for any reason results in an overpayment of 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.

I understand this Direct Deposit Authorization applies to MyCWU refunds.

I certify that the bank financial information entered above is correct and acknowledge that if the information is incorrect that my refund will be delayed.

Signature_____ **Date** _____