

DIRECT DEPOSIT AUTHORIZATION STUDENT FINANCIAL SERVICES ONLY This form is only for parents expecting a refund from a plus loan. Parent Name (Last, First)			Type of Account – CHE	CK 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.			
arent Email Address: Parent Phone Number:		Number:	Routing Number			
tudents Identification Number Students Name (Last, First)			Account Number			
START Check this box if you do not currently have direct deposit and would like to set it up.		direct deposit	x if you currently have set up but you would the routing or account	S	TOP Check this deposit	box to cancel your direct
Complete and sign the form. Return the signed form to the Cashier's Office:		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.				
Email: cashiers@cwu.edu		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.				
Fax: 509-963-2257		I understand this Direct Deposit Authorization applies to MyCWU refunds.				
MAIL: Central Washington University Cashiers Office Bouillon Rm. 101		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.				
400 East University Way, Ellensburg, WA 98926-7490		Signature Date				
The form is due by the 5th day of the	quarter.	If you are a student was		-	•	•