

EASTERN WASHINGTON UNIVERSITY

*** To ensure timely receipt of your pay, EWU encourages all employees to sign up for Electronic Fund Transfer (Direct Deposit). If you do not sign up for Direct Deposit, you will receive a check and it will be mailed to your current mailing address in Banner.

*** For secure electronic submission, go to: <https://inside.ewu.edu/financialservices/office-of-controller/payroll/faq/> and follow the "How do I electronically turn in secured documents?" instructions.

Office of Controller - Payroll
319 Showalter Hall
Cheney, WA 99004-2445
Ph# (509) 359-2325 Fax# (509) 359-6869

Student Financial Services (SFS)
202 Sutton Hall
Cheney, WA 99004-2448
Ph# (509) 359-6372 Fax# (509) 359-4832

DIRECT DEPOSIT AUTHORIZATION

Name: _____ EWU ID # _____
Please print in ink

Address: _____ Student? Yes _____ No _____

City: _____ Phone Number(s): _____

State: _____ Zip: _____

THIS DIRECT DEPOSIT AUTHORIZATION APPLIES TO:
(Please choose one or both)

FINANCIAL AID

PAYROLL (Including work study)

Checking

Savings

FOR PAYROLL DIRECT DEPOSIT ONLY:

- Direct Deposit will become active after a successful pre-note cycle which takes one pay period to complete.
- Your first payment will be a physical check and will be mailed to your current Mailing Address on file.
- Your second payment will be electronically deposited.

I authorize EWU to Direct Deposit my paychecks/financial aid checks in accordance with the information provided on this form. I understand that it is my responsibility to ensure that all information is current and correct. All changes must be made in writing.

Signature: _____ Date: _____

*** (REQUIRED)***

Attach a Voided check or direct deposit authorization form from your financial institution. If neither is supplied, we will be unable to process your direct deposit authorization.

Attach voided check here

THIS SECTION FOR INTERNAL USE ONLY

Date Entered: _____ Office: _____ Initials: _____ Date Entered: _____ Office: _____ Initials: _____
Date Audited: _____ Office: _____ Initials: _____ Date Audited: _____ Office: _____ Initials: _____
Copy Sent to Payroll on: _____ Initials: _____ Copy Sent to SFS on: _____ Initials: _____