

EASTERN Student ACH/Direct Deposit Authorization Form Student Financial Services

Section 1. Please Check One:			
NEW Direct Deposit	CHANGE Direct [Deposit	CANCEL Direct Deposit
Section 2. Student Information	on		
Name:			
EWU ID:			
Address:			
Phone:			
Section 3. Financial Institution	n Information		
Bank Name:	i illorillation		
Name on Bank Account:			
Bank Account Number:			
Nine-Digit Bank Routing Number:			
Type of Account: ☐ Checount:	cking OR Savings cument that confirms the	e details vo	u've provided:
□Voided Check OR		,	<u>.</u>
☐ Direct Deposit Authorization Form from your bank that includes your name, address, and account details.			
Section 4. Approvals/Authorian financial institution designated above.	zations - I hereby authorize East	tern Washingto	n University to initiate automatic deposits to my account at the
			s of funds due to incorrect or incomplete information supplied by me or
due to an error on the part of my financia			
This agreement will remain in effect until submit a new direct deposit form to the S	=	ceives written i	notice of cancellation from me or my financial institution, or until I
 Signature			
Printed Name of Above Signatu	re	Date	
Please sign up for direct deposit in yo	our EagleNet account or		Student Financial Services Office Use Only
return this completed form and attachments to the EWU			Student ID:
Student Financial Services Office.			Date ACH Completed:

Mail: Eastern Washington University, Student Financial Services