EASTERN WASHINGTON UNIVERSITY

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

Fax# (509) 359-6869	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)
*** (R	REQUIRED)***
Attach a Voided check or direct deposit author	orization form from your financial institution. If neither
is supplied, we will be unable to process your direct deposit authorization.	
Checking FOR PAYROLL DIRECT DEPOSIT ONLY: This form must be received in Payroll two (2) weeks before the first payday to be affected. Your first payment will be a physical check and will be mailed to your residence one (1) work day prior to payday. Your second payment will be electronically deposited.	
Signature:	Date:
	ncial aid checks in accordance with the information provided on this form. I information is current and correct. All changes must be made in writing.
Full Bank Name:	
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: _____