



**Section 1. Please Check One:**

NEW Direct Deposit       CHANGE Direct Deposit       CANCEL Direct Deposit

**Section 2. Vendor Information**

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Remittance Email Address:

**Section 3. Financial Institution Information**

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing Number:

Type of Account:       Checking OR       Savings

Please attach a verification document that confirms the details you've provided:

Voided Check **OR**

Memo on bank letterhead including your organization's name, address, and account details

**Section 4. Approvals/Authorizations** - I hereby authorize Eastern Washington University to initiate automatic deposits to my account at the financial institution designated above.

Further, I agree not to hold Eastern Washington University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Eastern Washington University receives written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Office.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Above Signature

\_\_\_\_\_  
Date

Return completed form and attachments to Accounts Payable:

**Submit securely at :** EWU Accounts Payable OneDrive

**Mail:** Eastern Washington University, Accounts Payable,

319 Showalter Hall, Cheney, WA 99004

Accounts Payable Office Use Only

Vendor ID: \_\_\_\_\_

Date ACH Completed: \_\_\_\_\_