



UNIVERSITY OF WASHINGTON
DIRECT DEPOSIT AUTHORIZATION
 PAYROLL

To start or change a direct deposit, a voided check printed with your bank routing number and your account number must be attached.

PLEASE STAPLE HERE!

Financial Aid Direct Deposit must go through Student Fiscal Services.

<http://www.washington.edu/students/sfs/sao/tuition/dirdep.html>

Last Name	First Name	M. I.
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Employee Identification Number (EID)</td> </tr> <tr> <td style="width: 33%; height: 30px; text-align: center;"> </td> <td style="width: 33%; height: 30px; text-align: center;"> </td> <td style="width: 34%; height: 30px; text-align: center;"> </td> </tr> </table>	Employee Identification Number (EID)						Department Box Number
Employee Identification Number (EID)							
Work Telephone Number							

START Allow two (2) pay periods for processing. **Verify** your first direct deposit with a representative of your bank.

CHANGE Allow two (2) pay periods for processing. **On the first payday you will receive a pay check at your department.** The second payday your pay will be directly deposited to your account. Verify this deposit with a representative of your bank on payday to ensure an accurate set-up of this transaction.

STOP A complete and signed Direct Deposit Authorization **must be received at the Payroll Office 7 days prior to payday.**

Type of Account-CHECK ONE

Checking **Savings**

Bank Name _____

I UNDERSTAND THAT I MUST SUBMIT A NEW DIRECT DEPOSIT AUTHORIZATION FORM IF I CHANGE BANKS AND/OR ACCOUNTS.

(No other notices are needed if this form is used.)

I authorize the University of Washington to transfer the full amount of my salary, after deductions, to the financial institution named above for deposit to my account.

I understand that if I close my account, I will not receive a salary payment until my bank returns the funds to the University. The University is authorized to terminate this agreement without notice if legally obligated to withhold any part of my salary. This authorization remains in effect until I notify the University of Washington Payroll Office in writing.

Employee's Signature _____ Date _____

Return Original To:

**Payroll Office,
 Box 355655
 3903 Brooklyn Ave. N.E.
 Seattle, WA 98105-6694
 Phone: 206-543-9202 Fax: 206-543-8137**