



EASTERN WASHINGTON UNIVERSITY

start something **big**

Direct Deposit Agreement Form

Office of Controller – **Accounts Payable**
319 Showalter Hall
Cheney, WA 99004-2445

Phone: (509) 359-6370
Fax: (509) 359-6869

Authorization Agreement

I hereby authorize **Eastern Washington University** to initiate automatic deposits to my account at the financial institution named below.

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 a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the **Accounts Payable Office**.

I am an EWU student (circle one): YES NO

Name: _____ EWU # (if applicable): _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone #(s): _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Location (State) Account Set Up: _____

Signature

Authorized Signature: _____ Date: _____

All individuals (not companies) must attach a voided check or document from your financial institution showing their routing number and your account number. Please return the documents to the Accounts Payable Office.

Internal Use Only

Date Entered: _____ Initials: _____ Vendor #: _____