



# 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 #: \_\_\_\_\_