

SEATTLE UNIVERSITY

DIRECT DEPOSIT FORM FOR STUDENTS

(Complete and return this form to Seattle University, Payroll Office, by the 3rd or 17th of the month, in order for the direct deposit to be effective for that pay period)

Date:
Student Name:
SU ID:
Dept:
Phone:
Address:

I authorize SU and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account each payday. This authority will remain in effect until I have canceled it in writing.

I wish to:

Enroll in the Seattle University Direct Deposit Plan, using the financial institution, branch, and account specified below (please attach a voided check or write the requested information below)

Change financial institution, branch or account. Please stop sending my paycheck to the financial institution previously designated. Instead, send direct deposit to the institution specified below (please attach a voided check or write the information below)

Cancel my enrollment in the Direct Deposit Plan. My paycheck will be mailed to my current mailing address.

STUDENT'S SIGNATURE:

STUDENT:

**ATTACH A VOIDED CHECK FOR VERIFICATION OF FINANCIAL INSTITUTION.
OR WRITE THE FOLLOWING INFORMATION**

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

_____ **SAVINGS** _____ **CHECKING**