EASTERN UNIVERSITY STUDENT PAYROLL DIRECT DEPOSIT AUTHORIZATION

A VOIDED CHECK NEEDS TO BE ATTACHED IN ORDER FOR YOUR DIRECT DEPOSIT TO BE PROCESSED

New Enrollment	Change Enrollment	Terminate Enrollment
Note: Paychecks will be is process is complete. Rem		•
process is complete. Rem	iember to attached v	Volued Check.
Student Name Last		First
Social Security Number		
Student I.D. Number		
Bank Name		
City City	State State	Zip Code
ABA Routing/Transit Number		
Select One Account Student's B	ank Account #	_
Checking		□□□□ Net Payroll
Savings		☐☐☐☐ Net Payroll
I (We) hereby authorize Eastern University to initiate credit entries to my (our) account indicated above, and the bank named above to credit the same to such account. Charges said account may only be initiated by Eastern University to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until Eastern University has received written notification from me of its termination or amendment. Such notification shall be received by Eastern University at least thirty days prior to the effective date of the change.		
Student Signature		Date
Second Signature for Joint Account (if	required)	 Date