



ACH Authorization for Direct Deposit for PLU Students, Faculty and Staff



(If this document is accessed via the Business or Payroll Office's web page, please enter data electronically in the appropriate cells.)

Section A. Please Print

Name: _____
(First, Middle Initial, Last)

PLU ID: _____
(8 digits)

Section B. Students Only (Student Payroll / Student Account Refunds / Accounts Payable)

Financial Institution Name: _____

Select One

- Start
- Change
- Cancel

ACH Routing Number (9 digits):

Account Number: _____

Select One

- Checking
- Savings

Section C. Faculty and Staff (Payroll / Accounts Payable)

Financial Institution Name (Primary Account): _____

Select One

- Start
- Change
- Cancel

ACH Routing Number (9 digits):

Account Number: _____

Select One

- Checking
- Savings

School Employees Credit Union of Washington (Optional Secondary Account for Staff/Faculty Payroll only)

Select One

- Start
- Change
- Cancel

ACH Routing Number (9 digits):

Account Number: _____

Select One

- Checking
- Savings

Specify Amount to be deposited: \$ _____

***** You will receive notification of each deposit via your Pacific Lutheran University email account *****

I hereby authorize Pacific Lutheran University to initiate credit entries to the depository account(s) at the financial institution(s) as indicated above. If PLU deposits funds to my account(s) which I am not entitled to receive, I authorize PLU to direct the bank to return the funds deposited in error.

I agree not to hold Pacific Lutheran University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution 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 Pacific Lutheran University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Business or Payroll Office. Allow ten business days for the University to process cancellations or changes to this information.

Signature: _____

Date: _____

Submit completed form and any attachments to one of the following offices:

Pacific Lutheran University

Business Office Tacoma • Washington 98447-0003 • 253-535-7171 • Fax 253-536-5079

Payroll Office Tacoma • Washington 98447-0003 • 253-535-7531 • Fax 253-536-5060

