



WORK STUDY DIRECT DEPOSIT FORM



DID YOU HEAR THE BUZZ.....??

Hey Man,
What's wrong?

I have to walk
all the way to that
C.D. King Building just
to pick up my work-study check!
Man, I get tired of walking there!

OMG, Man!
You haven't heard
about the Work Study
Direct Deposit Form?

No, I haven't. Can you explain
the form and process to me. I'm so
Upset and frustrated right now!

Calm down, man!
I'll explain it all to
you. The process is easy,
no hassle at all!

Thanks, man!
I appreciate all of
your help. I knew there
had to be a better way!

Look guys,
here are the
instructions....

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PLEASE COMPLETE:

Student ID # _____

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT AUTHORIZATION

VIRGINIA UNION UNIVERSITY

OFFICE USE ONLY

EMPLOYEE NO.

PRINT LAST NAME, FIRST, MIDDLE INITIAL

SOCIAL SECURITY NUMBER

0 _ _ _ _ _ 0

ACTION
CODE

PRI
CODE

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

SAV
CHK
IND

DIST
TYPE

DIST AMOUNT

BANK NAME

S C A R

Contact your financial institution to verify BANK (TRANSIT) ROUTING NUMBER
and BANK ACCOUNT NUMBER.

Please adhere to the following instructions:

1. Attach a VOIDED check, deposit slip or other document showing your BANK (TRANSIT) ROUTING NUMBER AND BANK ACCOUNT NUMBER.

Select One: ☐ Checking Deposit (Attach a voided check)
☐ Savings Deposit (Attach a savings deposit slip)

Please note: Handwritten Bank RTE and Bank Account numbers will

No longer be processed by payroll.

2. Please note the direct deposit can take up to **2 pay periods** before it takes effect.
3. If any changes occur to your account such as closures, new bank, etc., it is **YOUR RESPONSIBILITY** to notify the Financial Aid Office of these changes. **You must Complete a new EFT form and submit to the Financial Aid Office for the payroll office to be notified of these changes.**
4. Please be mindful that once the direct deposit takes effect, it will remain until a request is made to cancel the direct deposit. Again, to cancel, you must complete and submit a new EFT form to the Financial Aid Office. **For cancellations, please complete the box below:**

CANCELLATION OF EFT TRANSACTIONS

☐

Check this box to cancel all EFT Transactions.

Signature:

Date:

ENROLLMENT AUTHORIZATION

Please enroll me in the Direct Deposit Program.

I authorize the Company to make payments of my net pay by initiating credit entries or correcting entries to the bank account I have designated above.

I have had an opportunity to read and understand all of the information provided by the Company regarding this program.

I understand that this authorization will continue in force unless discontinued by my written request, and it is also my responsibility to maintain the designated account as open to prevent rejected or returned entries.

Signature:

Telephone Number:

Date:

Any questions, please contact payroll: Betty H. Martin, CPP, Payroll Department, CD King Bldg., Room 101, (804) 257-5816