



STUDENT DIRECT DEPOSIT AUTHORIZATION FORM

Student Financial Services (SFS)
202 Sutton Hall
Cheney, WA 99004-2448

Phone: (509) 359-6372
Fax: (509) 359-4832

Name: _____
Please print in ink

EWU ID#: _____

Address: _____

Phone Number: _____

City: _____

State: _____

Zip: _____

THIS DIRECT DEPOSIT AUTHORIZATION APPLIES TO:
(Please choose one or both)

FINANCIAL AID

WORK STUDY/
STUDENT EMPLOYMENT

***** REQUIRED *****

Attach either a VOIDED check or a Direct Deposit Authorization Form from your financial institution in the space provided below. If neither is supplied, this form will not be processed.

Checking

Savings

Full Bank Name: _____

FOR WORK STUDY/STUDENT EMPLOYMENT PAYROLL DIRECT DEPOSIT ONLY:

- This form must be received two (2) weeks before the first payday to be activated.
- Your first payment will be a physical check and will be mailed to your residence one (1) work day prior to payday.
- Your second payment will be electronically deposited.

Signature: _____

Date: _____

I authorize EWU to deposit my financial aid and/or work study/student employment pay in accordance with the information provided on this form. I understand that it is my responsibility to ensure that all information is current and correct.

All changes must be made in writing. Upon my graduation or withdrawal from EWU, this authorization will be inactivated.

Attach voided check here



THIS SECTION FOR INTERNAL USE ONLY

Date Entered: _____

Office: _____

Initials: _____

Date Audited: _____

Office: _____

Initials: _____