

Last Name First Name	M. I.	PLEASE S	STAPLE HERE!
Employee Identification Number (EID)	Department Box Number Work Telephone Number	- !	esit must go through Student Fiscal Services. u/students/sfs/sao/tuition/dirdep.html
START Allow two (2) pay periods for processing. Verify your first direct deposit with a representative of your bank.	payday yo department directly depo with a repres) pay periods for processing. On the first u will receive a pay check at your t. The second payday your pay will be osited to your account. Verify this deposit centative of your bank on payday to ensure set-up of this transaction.	STOP A complete and signed Direct Deposit Authorization must be received at the Payroll Office 7 days prior to payday.
Type of Account-CHECK ONE	Bank Name		
Checking Savings			
I UNDERSTAND THAT I MUST SUBMIT A NEW DIRECT DEPOSIT AUTHORIZATION FORM IF I CHANGE BANKS AND/OR ACCOUNTS. (No other notices are needed if this form is used.)	I authorize the University of Washington to transfer the full amount of my salary, after deductions, to the financial institution named above for deposit to my account. I understand that if I close my account, I will not receive a salary payment until my bank returns the funds to the University. The University is authorized to terminate this agreement without notice if legally obligated to withhold any part of my salary. This authorization remains in effect until I notify the University of Washington Payroll Office in writing.		
	Employee's Signature		Date

Return Original To:

Payroll Office, Box 355655 3903 Brooklyn Ave. N.E. Seattle, WA 98105-6694

Phone: 206-543-9202 Fax: 206-543-8137

To start or change a direct deposit, a voided check

printed with your bank routing number and your

account number must be attached.