



AUTHORIZATION FOR DIRECT DEPOSIT FOR STUDENTS ONLY*

Actions Requested (check one):	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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STUDENT INFORMATION:	
Name (Last, First, MI):	Last 4 SSN:
Phone Number:	Email Address:
Address:	City, State, ZIP:

BANK INFORMATION:	
Financial Institution Name:	
ABA Transit Routing Number (9 digits):	
Account Number:	Account Type (select one): <input type="checkbox"/> Saving <input type="checkbox"/> Checking

*If you are a student worker or an employee please obtain a direct deposit form from the [university website](#).

Read statement carefully: I hereby authorize the University of Western States to direct deposit funds to my account(s) in the financial institution(s) listed above. If funds to which I am not entitled are deposited in my account, I authorize the University to initiate a correcting (debit) entry. This authorization will remain in effect until revoked by my written request. If direct deposit is not cancelled before closing an account, funds payable to you will be returned to the University for distribution. This will delay your check.

I understand that each request for direct deposit may be subject to an automatic PRE-NOTE of the transit routing and account numbers and I may receive a "live" check until the pre-note process is complete.

By signing below, I hereby consent to receiving payment-related communications electronically and/or by email. I understand that my consent to receive electronic delivery of such communications is voluntary, and may be withdrawn at any time.

Please return completed authorization form to the business office. A confirmation will be sent to your UWS email once direct deposit setup is complete. Contact the business office with any questions at 503-847-2553 or businessoffice@uws.edu.

Signature: _____ Date: _____

For Business Office use only:

Student's ID: _____

Pre-note date: _____

GP/UltiPro entry date: _____

Scan/Notification date: _____

Signature _____

Signature _____

Signature _____

Instructions for Completing Authorization for Direct Deposit

The check image below should aid in gathering financial information to complete this form:

- 1) Financial Institution Name – provide the name of the financial institution to which payments are to be directed.
- 3) Routing Transit Number – a bank identifier, always found at the bottom of your check. This number is 9 digits long.
- 4) Account Number – your bank account number at your financial institution. There is no fixed number of digits, account numbers vary in length from bank to bank.
- 5) Account Type – check mark in the appropriate box to indicate a checking or saving account.

1, 2

NAME
ADDRESS
CITY, STATE ZIP

0123
01-23456789

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR _____

⑆0 1 234 56 78⑆ 0 1 234 56 7890 1 23⑆ 0 1 23

Bank Routing Number **Bank Account Number** **Check Number**

3 4 5