



# WESTERN

WASHINGTON UNIVERSITY

## Authorization for Electronic Funds Transfer (EFT) Of Wages Human Resources – Payroll Services AE 317, MS 5221 (360) 650-2991

**1. Clearly complete the information below:**

\_\_\_\_\_ W \_\_\_\_\_  
 Last Name First Name Employee ID Number  
 \_\_\_\_\_  
 Student  Non-student  
 Phone Number

**2. Name of Financial Institution** \_\_\_\_\_

Checking Account  Savings Account

**3. Your direct deposit will begin on the next available pay date after the form has been processed by HR/Payroll Services.**

**4. Earnings statements will be sent to you by email in a password protected form.**

To receive paper statements instead, please check here:

**5. - If you are changing your account number or bank you can complete and submit a new direct deposit request form. If you need to stop your direct deposit immediately please call 360-650-2991, otherwise, please go to the Human Resource website, click on forms, complete and submit the "Cancel Direct Deposit" electronic form.**

**6. Terms and Procedures**

In accordance with RCW 43.41.180, I hereby authorize and request Western Washington University, until this authorization is revoked, to transfer the full amount of my wages, after mandatory and authorized optional deductions, to the designated financial institution for deposit in my account.

If any action taken by me, without adequate notification to Payroll Services, results in non-acceptance of the transfer by the designated financial institution, I understand that Western Washington University assumes no responsibility for processing supplemental payroll payments until the funds are returned to Western Washington University by the financial institution.

In the event that the employer may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that the employer shall have the authority to immediately terminate any transfer made under this authorization.

If the electronic transmission for this authorization for any reason results in an overpayment of salary or wages actually due and payable to me, I hereby authorize the employer to either withhold a sum equal to the overpayment from my next salary payment or seek full reimbursement by whatever means is appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**6. Attach a voided check (for checking account routing) or a deposit slip (for savings account routing).**

**7. If you do not have a check or deposit slip complete the section below. Please confirm with your banking institution that the numbers you are providing are accurate for the direct deposit process.**

**8. Send your completed form to Payroll Services MS 5221**

BANK ROUTING NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_