

To sign-up for direct deposit, follow the instructions below for completing the attached form

1. Fill in the following information in Section I of the Direct Deposit Authorization form.

- \* Your Name
- \* Your daytime telephone number
- \* Your Social Security Number
- \* Indicate whether you are requesting your net pay or a specific dollar amount to be deposited.

2. Sign and date the form and give it to your financial institution to complete Section II.

It is suggested that you make a copy of the form for your records.

3. Enclose a voided check (or printed deposit slip for a savings account deposit).

4. Return the completed form to:

Payroll Services  
Bldg II  
44983 Knoll Square, Suite 251  
Ashburn, VA 20147

OR

Payroll Services  
Academic Center  
Rm. T-101

Contact Payroll Services at (202) 994-9360 if there are any questions. You may change or cancel your authorization anytime by notifying Payroll Services in writing.

**Note: Completion of Section II is not necessary if there is a voided check or printed deposit slip attached.**

## THE GEORGE WASHINGTON UNIVERSITY AUTHORIZATION FOR DIRECT DEPOSIT

### Section I - To be Completed by Employee

Employee Name (please type or print)

Daytime telephone

Social Security Number

**You may choose one or two accounts for Direct Deposit:**

#### Account # 1

Transit Routing Number/ABA

Account Number

Checking

Savings

Net pay *or* \$ \_\_\_\_\_ Amt.

#### Account # 2

Transit Routing Number/ABA

Account Number

Checking

Savings

Net pay *or* \$ \_\_\_\_\_ Amt

I authorize The George Washington University and the financial institution indicated below to deposit my net pay automatically to my account each payday. If monies to which I am not entitled are deposited to my account, I authorize my employer to direct my financial institution to return said funds. This authority will remain in effect until I notify The George Washington University in writing of its cancellation.

Employee Signature

Date

**Please attach a voided check (checking account deposit) or a printed deposit slip (savings account deposit)**

### Section II - To be Completed by Financial Institution – Please verify information above.

Financial Institution

Branch Name & Telephone #

City

State

Account Number

Signature of Authorizing Bank Officer

Date