

**THE GEORGE WASHINGTON UNIVERSITY
AUTHORIZATION FOR DIRECT DEPOSIT**

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 GWID or SSN#
- * Fill in your Transit/ABA and Account # (You may have more than one account)
- * Indicate whether you are requesting your net pay or a specific dollar amount to be deposited.

2. Sign and date the form.

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

4. If you do not wish to provide Payroll with the above documents, you must have your Financial Institution complete Section II.

5. 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
Washington, DC 20052

You may also fax the completed form to Payroll at (703) 726-4406

Contact Payroll Services at (703) 726-4277 if there are any questions. You may change or cancel your authorization anytime by notifying Payroll Services in writing.

Section I - To be Completed by Employee

Employee Name (please type or print) _____

Daytime telephone _____

GW Id # _____

NEW ENROLLMENT

CHANGE EXISTING

You may choose one or two accounts for Direct Deposit:

Account # 1

Transit Routing Number/ABA

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Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Checking

Net pay *or* \$ _____ Amt.

Savings

Account # 2

Transit Routing Number/ABA

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Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Checking

Net pay *or* \$ _____ Amt

Savings

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)

Cancel existing direct deposit effective immediately.

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 _____