



UNIVERSITY OF WASHINGTON  
**DIRECT DEPOSIT AUTHORIZATION**  
 PAYROLL

**To start or change a direct deposit, a voided check printed with your bank routing number and your account number must be attached.**

**PLEASE STAPLE HERE!**

**Financial Aid Direct Deposit must go through Student Fiscal Services.**  
<http://www.washington.edu/students/sfs/sao/tuition/dirdep.html>

Last Name		First Name		M. I.
Employee Identification Number (EID)			Department Box Number	
Work Telephone Number				

<input type="checkbox"/> <b>START</b> Allow two (2) pay periods for processing. <b>Verify</b> your first direct deposit with a representative of your bank.	<input type="checkbox"/> <b>CHANGE</b> Allow two (2) pay periods for processing. <b>On the first payday you will receive a pay check at your department.</b> The second payday your pay will be directly deposited to your account. Verify this deposit with a representative of your bank on payday to ensure an accurate set-up of this transaction.	<input type="checkbox"/> <b>STOP</b> A complete and signed Direct Deposit Authorization <b>must be received at the Payroll Office 7 days prior to payday.</b>
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Type of Account-CHECK ONE	Bank Name
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

<input type="checkbox"/> 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.)	<p><b>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.</b></p> <p><b>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.</b></p>
Employee's Signature _____	Date _____

**Return Original To:**

Sunyoung K. Baldoz  
 University of Washington  
 Orthopaedics & Sports Medicine  
 4245 Roosevelt Way NE, #E110  
 Campus Box 354743  
 Seattle, WA 98105