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
Checking
Account Number ☐ Net pay ***or*** $_____ Amt.
Savings

Account # 2

Transit Routing Number/ABA
Checking
Account Number ☐ 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)

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