

Payroll Office ACH Authorization for Direct Deposit for PLU Students, Faculty and Staff

Phone: 253-535-7531 * Fax: 253-536-5060
*** In Order to Process This Form, Please Complete in Pen ***

Section A.	Please Print	
Name:		PLU ID:
`	ldle Initial/Last)	(8 digits)
A voided che	ck or form from your banking institut	ition with the ACH routing and account numbers can also be attached to this form
Section B.	Students Only	(Student Payroll * Student Account Refunds * Accounts Payable)
	Banking Institution Name:	=
Select One		Select One
□Start	ACH Routing Number (9 digits):	Checking
□Change	_ , _ ,	Savings
□ Cancel	Account Number:	r:
Cancer		
Section C.	Faculty and Staff	(Payroll * Accounts Payable)
Banking In	stitution Name (Primary Account):	
Select One		Select One
□Start	ACH Routing Number (9 digits):	Checking □
□Change	ACH Routing Number (9 digits):	Savings □
	Account Number:	r:
Cancel	· · · (O- · · · · · 1 C · · · · 1 · · · · · · · ·	C = C4 · CC/T · · · · 14 · · D · · · · · II · · · I · ·
	nion (<u>Optional</u> Secondary Account fo	
Select One ☐ Start		Select One ☐ Checking
_	ACH Routing Number (9 digits):):
□Change	Account Number:	r:Savings
☐ Cancel		
	Specify Amount to be deposited:	d: \$
*** You will receive notification of each deposit via your Pacific Lutheran University email account ***		
I hereby authorize	Pacific Lutheran University to initiat	ate credit entries to the depository account(s) at the financial institution(s)
as indicated abov		ount(s) which I am not entitled to receive, I authorize PLU to direct the bank
I agree not to hold Pacific Lutheran University responsible for any delay or loss of funds due to incorrect or incomplete		
information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.		
This agreement will remain in effect until Pacific Lutheran University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Office. Allow ten business days for the University to process cancellations or changes to this information.		
Signature:		Date:

Submit completed forms in-person to the Payroll Office. We are located in the Hauge Administration Building rm 102-9.

