



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

***** In Order to Process This Form, Please Complete in Pen *****

Section A. Please Print

Name: _____
(First/Middle Initial/Last)

PLU ID: _____
(8 digits)

A voided check or form from your banking institution 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

- Start
 Change
 Cancel

ACH Routing Number (9 digits):

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Account Number: _____

Select One

- Checking
 Savings

Section C. Faculty and Staff (Payroll * Accounts Payable)

Banking Institution Name (Primary Account): _____

Select One

- Start
 Change
 Cancel

ACH Routing Number (9 digits):

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Account Number: _____

Select One

- Checking
 Savings

School Employees Credit Union of Washington (Optional Secondary Account for Staff/Faculty Payroll only)

Select One

- Start
 Change
 Cancel

ACH Routing Number (9 digits):

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Account Number: _____

Select One

- Checking
 Savings

Specify Amount to be deposited: \$ _____

***** You will receive notification of each deposit via your Pacific Lutheran University email account *****

I hereby authorize Pacific Lutheran University to initiate credit entries to the depository account(s) at the financial institution(s) as indicated above. If PLU deposits funds to my account(s) which I am not entitled to receive, I authorize PLU to direct the bank to return the funds deposited in error.

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 form and any attachments to the Payroll Office
Located in Hauge Administration Building, Room 102-9**

Pacific Lutheran University
Payroll Office