WESTERN STATE COLORADO UNIVERSITY

Learning, Elevated.

Student Employee Direct Deposit Authorization
Checking Accounts Only

(This form is for student payroll purposes only. If you are looking to have refunds from your student account deposited, you will need to see the Cashier's Office in Taylor 312.)

This form must be submitted by the first working day of the month to be effective for that month's payroll. Forms submitted after the first day of the month, will not be effective until the following month.

Instructions:

1. ACH routing number is the first set of numbers on the bottom of your check, which is nine digits long and identifies your financial institution to the Federal Reserve. **Do not list the routing number from a deposit slip** since it is often an internal-use-only number.

2. Please list your checking account number exactly, including all beginning zeros, as listed on the bottom of your check; it is the second set of numbers, and may be up to seventeen characters. For deposit to a Credit Union you may need to ask them how to list your account number.

3. All direct deposit authorizations must be in the Student Payroll Office, 328 Taylor, on the first working day of the month you wish deposits to begin.

Name:_____ WSC ID #:_____

Bank Name _____
Name City State

ACH/Bank routing # Account #

_____ Checking Only_____

ATTACH

VOIDED CHECK HERE
OR
DIRECT DEPOSIT AUTHORIZATION FORM FROM YOUR BANK HERE
OR TO THE BACK OF THIS FORM

I hereby authorize Western State Colorado University to deposit my net pay directly to my bank account as listed above. Also, I grant Western State Colorado University the right to correct any electronic fund transfer resulting from an erroneous overpayment by debiting my account to the extent of the overpayment. I understand I am responsible for notifying the Student Payroll Office, 328 Taylor Hall, of any changes in my bank or banking account number. I understand that in case of any error the University may take up to **15 working days** to correct any errors pertaining to any direct deposit transaction. I understand and agree to pay any and all bank services charges the University may incur from any direct deposit transition.

Signature: _____ Date: _____