



## DIRECT DEPOSIT AUTHORIZATION For Payroll and Accounts Payable

Employees need to complete and submit this form to add, change, or remove direct deposit accounts. Please allow up to two pay periods for account additions to take effect and five business days for account changes and removals to take effect. If this is your initial Direct Deposit Authorization you will receive paper checks until your account additions take effect.

### Employee Info – Complete this form electronically, print, sign and date; or print legibly to prevent delays.

Name (Last, First, MI): \_\_\_\_\_ GU ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Primary Account (Required – Payroll, net of any optional account allocations below, and Accounts Payable)

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	
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### Second Account (Optional – Payroll Only)

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	Allocation _____%  OR \$ _____
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### Third Account (Optional – Payroll Only)

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	Allocation _____%  OR \$ _____
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Do you intend to forward the entire payment made through any direct deposit to one of the accounts listed above to a bank account outside the U.S.?

☐ Yes ☐ No If yes, which account(s) listed above \_\_\_\_\_

I hereby authorize Gonzaga University to remit my payroll and accounts payable (i.e. expense reimbursement) payments to my account(s) at the institution(s) indicated above. Should funds be erroneously deposited into my account(s), I authorize the University and my financial institution to withdraw from my account an amount not to exceed the amount deposited in error and acknowledge that I will be notified immediately of such by a University representative. I further authorize the University to provide me with an electronic earnings statement, available in ZagWeb, and understand that I will be notified by e-mail to my official University e-mail address for any accounts payable payments.

This authorization will remain in full force and effect until revoked by me in writing in such time and manner as to afford the University and my financial institution(s) reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK, FINANCIAL INSTITUTION LETTER OR SAVINGS STATEMENT FOR EACH ACCOUNT ENSURING THAT YOUR BANK'S NINE DIGIT ABA/TRANSIT NUMBER IS CLEARLY IDENTIFIABLE.

**Return Account Information and Signed Direct Deposit Authorization Form to the Payroll Office:**

**US Mail:** Gonzaga University- Payroll Office  
502 E. Boone Ave.  
Spokane, WA 99258-0069

**On Campus:** Payroll Office  
102 E Boone Ave  
AD Box 69

**Contact:** 509.313.6980  
Or 509.313.6831  
[payroll@gonzaga.edu](mailto:payroll@gonzaga.edu)