



**WESTERN UNIVERSITY OF HEALTH SCIENCES**  
 309 E. Second Street • Pomona, CA 91766 • (909)469-8262 • Fax (909) 469-5506

**Direct Deposit Authorization**

Please complete the following authorization, and **attach a voided check for any new account(s) you designate for deposit**. Return the completed form to the payroll department located on the 4th floor of the Anderson Building.

I authorize University Financial Services and Treasury to initiate electronic credit entries, and if necessary, correcting debit entries and adjustments for the accounts listed below.

**If listing multiple accounts, please list in order of preferred allocation with the default account indicating where any remaining balance should be deposited. The default account will also be used for all disbursements through Accounts Payable unless otherwise indicated.**

**Default Account No**  **Financial Institution**

Checking Savings  **Routing/ABA No**

Add Change Delete **Adds & Changes: Net**  **or Amount**

**1. Account No**  **Financial Institution**

Checking Savings  **Routing/ABA No**

Add Change Delete **Adds & Changes: Net**  **or Amount**

**2. Account No**  **Financial Institution**

Checking Savings  **Routing/ABA No**

Add Change Delete **Adds & Changes: Net**  **or Amount**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**GO PAPERLESS** YES NO

To view paycheck stub log into [you.westernu.edu](http://you.westernu.edu) (self-service)

*If this form is received by the Monday of the payweek, the direct deposit will generally be effective for that payperiod. However, under certain circumstances the direct deposit may not go into effect until the following payroll.*