

Student Authorization for Direct Deposit of Net Pay

Student Legal Name:			Student ID #:
Last 4 Digits of Social Security Numb	er:		
I hereby authorize and request George	Fox University to deposit	my net	pay to the following account:
My Account is (circle one):	Checking/Share Draft	OR	Savings
		igree to	receive my pay statements
Student Signature:			Date:
A voided check or a form from your l (A deposit slip is <u>NOT</u> an acceptable		ccount	numbers must accompany this form.
Please return to the Office of Poby the 3rd business day of the mo	-		

