



GEORGE FOX
UNIVERSITY

Student Authorization for Direct Deposit of Net Pay

Student Legal Name: _____ Student ID #: _____

Last 4 Digits of Social Security Number: _____

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

IMPORTANT: I understand that this Authorization will stay in effect until I notify People & Culture in WRITING to have it stopped. I agree to receive my pay statements electronically and understand that I can view (and print) them at my.georgefox.edu.

Student Signature: _____ Date: _____

A voided check or a form from your bank with routing and account numbers must accompany this form. (A deposit slip is NOT an acceptable form)

Please return to the Office of People & Culture by the 3rd business day of the month for changes to take effect for that month's paycheck.

	00-0000000	101
	Date _____	
PAY TO THE ORDER OF _____	\$ _____	
	Dollars	
Memo _____		MP
⑆ 123456789 ⑆	⑈ 01234567890 ⑈	0101
Routing number	Account number	Check number