DIRECT DEPOSIT AUTHORIZATION FORM

Controller's Office | Student Accounts



Section I – Student Information			
1. Name (First, MI, Last):		2. ID Number:	
3. Mailing Address:			
4. E-Mail:			
Section II – Banking Informatio	n		
TYPE OF TRANSACTION: □ Start □ Change □ Cancel	TYPE OF ACCOUNT: □ Checking □ Savings	Routing Number (9 digits)	Account Number
FINANCIAL INSTITUTION			
Section III – W2 Electronic Consent I hereby authorize the University of the Pacific (Pacific) to issue my annual wage and tax statement (W2) electronically. By checking this box and signing below I understand that my W2 will be available online. This authority is in effect until I cancel it in writing OR until my employment with University of the Pacific terminates and I no longer have access to insidePacific. To view your W2, please log on to insidePacific.			
Section IV – Certification I hereby authorize the University of the Pacific (Pacific) to initiate credits (and/or corrections to the previous credits) to my account at the institutions listed above. This authority is in effect until I cancel it in writing giving Pacific reasonable opportunity to act on it, or upon termination of my employment and/or enrollment. It is my responsibility to inform Pacific of any changes in my banking information or of any discrepancies. To view your paystubs, please log on to insidePacific.			
Employee/Student Signature		Phone Number (Ext.)	Date

Return this form to Student Business Services in the Finance Center or at studentaccounts@pacific.edu