

Direct Deposit Form

Last name _____ First name _____

UID# (9 digits)

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 Phone # _____

Yes, I would like to start saving today, the deposit amount per pay period

I authorize is: \$ _____

Signature _____ Date _____

*Depositing funds into your GOCard Debit Dollar Account indicates full agreement with the Terms & Conditions;
GOCard.Georgetown.edu/managing/terms/*

Please send via Campus mail to: GOCard Services, Darnall Hall, G-3, Main Campus