



PLEASE COMPLETE THIS FORM AND **MAIL** IT TO THE ABOVE ADDRESS. PLEASE ALLOW a MINIMUM OF 8-10 BUSINESS DAYS TO PROCESS

## University Cashier Direct Deposit Consent

(Not for Payroll Use)

New Enrollment

Change Enrollment

Delete Enrollment

PLEASE PRINT LEGIBLY

### Student Information

Student's Name							
Last	First	MI					
PID				Local Phone Number			
				(			
—						)	—

### Bank Account Information

Bank Name	Bank ABA Number
<input type="checkbox"/> Deposit funds to my CHECKING ACCOUNT	<input type="checkbox"/> Deposit funds to my SAVINGS ACCOUNT
<b>OR</b>	
Checking Account Number	Savings Account Number

If you are requesting deposit to your **CHECKING** account, please attach a preprinted check, across which you have written "**VOID.**"

If you are requesting deposit to your **SAVINGS** account, please attach a preprinted savings deposit slip.

The preprinted information **must** include the financial institution's Bank ABA Number **and** the Checking **or** Savings Account Number.

**Instructions:** Complete all information blocks with the required information. The Checking or Savings Account Number is 0 to 17 digits and can be found in the middle section of your check or deposit slip. Write this number from left to right in the blocks provided. The Bank's ABA Number is 9 digits and appears in the lower left-hand corner of your check or deposit slip. Attach a preprinted savings deposit slip or a preprinted check across which you have written "**VOID.**"

**Please read the following carefully:** Once your consent for direct deposit has been processed, a one-time zero (\$0.00) dollar transaction will process and may appear on your bank statement. This transaction is a test to ensure the accuracy of the electronic deposit transaction. The University Cashier will deposit excess funds from your student account within four (4) business days of receipt. It is the student's responsibility to ensure that funds are in the bank prior to any withdrawals.

SIGNATURE OF STUDENT	
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DATE	
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