

# DIRECT DEPOSIT AUTHORIZATION

STUDENT NAME \_\_\_\_\_ KUID # \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BANK NAME \_\_\_\_\_ TYPE: CHECKING \_\_\_ SAVINGS \_\_\_

\*ROUTING/TRANSIT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**\*Note: Failure to supply the correct routing number will cause a delay in the refunding process.** Deposit slip routing numbers do not always match the routing number on your check.

I understand that:

- Direct deposit transactions will be sent to the bank.
- I should contact my financial institution to verify receipt of funds.
- Once funds transfer to my bank account, new charges may post to my University (KU) account or current charges may remain on my KU account if I did not request that aid be applied to all outstanding charges.
- If charges on my KU account are not paid by the due date, a hold may be placed on my KU account.

**ATTACH VOIDED CHECK HERE**

**Do NOT Enter Debit Card Info**

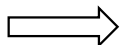
**Use Only the Banking Information Printed on Checks**

Deliver completed form to: Student Account Services, Strong Hall, Room 21/23.  
 Mail completed and notarized form to: KU Student Account Services,  
 1450 Jayhawk Blvd, Room 21/23  
 Lawrence, KS 66045

Questions? Call 785-864-3322

I authorize The University of Kansas to deposit my credit balance directly to the account above, and to correct any errors that may occur from these transactions. I authorize the financial institution indicated above to post transactions to the account. This agreement is to remain in effect until The University of Kansas receives written notice from me to cancel or change this authorization.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**If not delivering in person, the following section must be completed by a Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
 \_\_\_\_\_ personally appeared before me, (check one) \_\_\_\_\_ who is personally known to me  
 OR \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_ to be the signer of this  
 Direct Deposit Authorization Form.

Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires: \_\_\_\_\_

**SIGN HERE TO CANCEL THIS AGREEMENT**

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**KU verification by Student Account Services Office personnel, of student providing Direct Deposit Authorization:**

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SAS Use Only:** Date Activated \_\_\_\_\_ Initials \_\_\_\_\_ Date Changed \_\_\_\_\_ Initials \_\_\_\_\_  
 Date Cancelled \_\_\_\_\_ Initials \_\_\_\_\_