

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

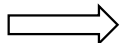
Use Only the Banking Information Printed on Checks

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 _____