

**DIRECT DEPOSIT AUTHORIZATION FOR PARENT PLUS LOAN PROCEEDS**

PARENT NAME \_\_\_\_\_ Last Four Digits of SSN# - \_\_\_\_\_

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

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

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

**\*Note: Failure to supply the correct information will cause a delay in the refunding process.** Deposit slip routing numbers do not always match the actual routing number for your account. Please write the routing number from your check if it is different than the one on the deposit slip. Please do not write the individual check # if it's included in the numbers at the bottom of your check.

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

- I understand that Direct deposit transactions will be sent electronically to the bank-- no paper check will be produced.
- I should contact my financial institution to verify receipt of funds.
- I will need to update this agreement if the account information is changed, or if the account is closed.

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 authorization is to remain in effect until the University of Kansas receives written notice from me to cancel or change this authorization.

PARENT 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: \_\_\_\_\_

**ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE**

Deliver completed form to: Student Account Services Office, #21/23 Strong Hall

Questions? Call 785-864-3322

Mail completed form to: KU Student Account Services  
 1450 Jayhawk Blvd, #21/23 Strong Hall  
 Lawrence KS 66045-7505

**SIGN HERE TO CANCEL THIS FORM**

PARENT'S SIGNATURE TO CANCEL \_\_\_\_\_ DATE \_\_\_\_\_

**Student Account Services Office Use Only** Parent ID# \_\_\_\_\_

KU Verification by SAS Staff witnessing the Authorization: Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Activated \_\_\_\_\_ Initials \_\_\_\_\_  
 Date Changed \_\_\_\_\_ Initials \_\_\_\_\_ Date Cancelled \_\_\_\_\_ Initials \_\_\_\_\_