



# FRONTIER NURSING UNIVERSITY

## Direct Deposit Enrollment/Authorization Form

<b>Check one box only</b>	<input type="checkbox"/> Activate Direct Deposit	<input type="checkbox"/> Change Bank Account
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The following confidential information is used to ensure proper identification.

### Student Information (Please Print)

<b>Name: First</b>	<b>Middle Initial</b>	<b>Last</b>
<b>Street Address (no PO BOXES, please)</b>		<b>Country:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Telephone:</b>	<b>Work Telephone:</b>	<b>Date of Birth (MM/DD/YYYY)</b>
( ) -	( ) -	
<b>Social Security Number:</b>	<b>Email Address:</b>	

### Student Authorization

I hereby authorize Frontier Nursing University, Inc. to electronically deposit all federal, state, institutional, and private financial aid funds into my personal bank account at the financial institution provided. Frontier Nursing University, Inc. will deduct tuition and debts due to the University before transferring the balance of my financial account. I will verify all deposits with my bank prior to writing checks from those proceeds. If I change my bank or account number, or close my account, I agree to submit a new direct deposit authorization form to Frontier Nursing University, Inc. I understand that I may revoke this authorization at any time by notifying Frontier Nursing University, Inc. in writing at least five business days before the scheduled transfer of funds.

Name of Financial/Banking Institution: \_\_\_\_\_

<b>Student Signature</b>	<b>Date</b>

**\*\*\* You must attach a Voided Check with all information pre-printed and send to the address listed below.\*\*\***

(It must include your pre-printed name and address)

IMPORTANT: Temporary checks or deposit slips will not be accepted because the routing number that appears may differ from that on your check. A letter from your banking institution with the necessary account information may be used if you are requesting direct deposit into a savings account.

Select Account Type: ☐ Checking ☐ Saving

Note: the information requested is necessary to identify your account and your financial institution's routing number.

### Return completed form to FNU, Inc:

Attn: Robin Smith  
Email: Robin.Smith@frontier.edu  
Fax: 859-899-2864  
Mail: 170 Prosperous Place  
Lexington, KY 40509

### For Internal Use Only

Date Received: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Initials: \_\_\_\_\_