

# Student Direct Deposit Authorization Form

## Personal Information

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ New application    \_\_\_\_\_ Change in Financial Institution    \_\_\_\_\_ Cancel Authorization

## Account Information

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking    \_\_\_\_\_ Saving

## Authorization Agreement

I (we) authorize DELTA STATE UNIVERSITY and the financial institution listed below to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed above. This authority will remain in effect until I have cancelled in writing with notice by the end of month to allow the financial institution and Delta State University adequate time to act on it.

If joint account, both parties must sign.

## Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a voided check or a letter from your financial institution stating account number and routing number. Please return to the Payroll Office, Kent Wyatt Hall, room 212.**