

UNIVERSITY OF UTAH
 INCOME ACCOUNTING & STUDENT LOAN SERVICES
 201 SOUTH 1460 EAST, ROOM 165
 TELEPHONE: 581-7344 FAX: 585-3898

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
 OF STUDENT ACCOUNT CREDIT

I hereby authorize the University of Utah's Income Accounting & Student Loan Services Department and the financial institution shown to initiate deposits to my account and, if necessary, debit entries and adjustments to the financial institution and account listed below, for student account refunds. I understand that it is my responsibility to check my account to ensure that money was correctly deposited. The University will not be liable for bank charges resulting from problems associated with direct deposit.

This authorization is to remain in full force and effect until the University has received written notification from me (or either one of us) of its termination in such time and in such manner to afford the University and the University's depository bank a reasonable opportunity to act on it.

CHECK APPROPRIATE BOX:

- NEW SET-UP* CHANGE INFORMATION* CANCEL DIRECT DEPOSIT

STUDENT INFORMATION AND AUTHORIZATION

NAME (please print)	DATE
STUDENT ID#	SIGNATURE (required)
PHONE NUMBER	

FINANCIAL INSTITUTION

BANK OR CREDIT UNION NAME	ACCOUNT TYPE (check one)
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
TRANSIT (ABA) NUMBER	ACCOUNT NUMBER
START DATE	

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP

*Allow ten working days for required processing.

PRINT THIS FORM, COMPLETE, AND DELIVER TO THE ADDRESS LISTED
 ABOVE