



The University of Kansas Direct Deposit Authorization



STUDENT NAME _____ KUID # _____

DAYTIME PHONE _____ EMAIL _____

BANK NAME _____ TYPE: CHECKING ___ SAVING ___

*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 appropriate due date, a hold may be placed on my KU account.

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.

ATTACH VOIDED CHECK HERE

Do Not Enter Debit Card Info

Only Use Banking Information Printed on Checks

Deliver completed form to: Bursar's Office, Strong Hall, Room 21/23. Questions? Call 785-864-3322
Mail completed and notarized form to: Bursar's Office, 1450 Jayhawk Blvd, Room 21/23, Lawrence, KS 66045

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 Bursar's Office personnel of student providing Direct Deposit Authorization:

EMPLOYEE'S SIGNATURE _____ DATE _____

Bursar's Office Use Only:

Date Activated _____ Initials _____ SI (Added)

Date Changed _____ Initials _____ Date Cancelled _____ Initials _____ SI (Removed)