

Direct Deposit Bank Authorization

Please type or print clea	Тy												
Name					St	udent	t Iden	tifica	ation	Nur	nber		
Last		First		MI									
	Permar	nent mail	ing address	(Required) Te	lephon	e nun	nber						
Street					Home (1						
City	State Zp						Wark —						
Note: This address will update your ma	iling address if differer	nt from perman	ent mailing address in	the system.	Δ -4:				r	. Г			
Send my student ac	counting re	funds to	(Until further wr	itten natice)		e date of a	eck one)		Establi	sn	DISC	ntinue	
Bank name													
Branch address (City and State)						Type of account (check gne) Checking Savings							
								J					
adjustments for any savings account. I fu same to such accour	rther autho											е	
If, during subsequen my financial need or credited to my accou repay these funds co	eligibility hand and and and and and and and and and	as char unds tra	nged, I may ansferred to	be requi my chec	red to king c	repa or sav	ıy all vings	or a	por oun	tion t. Fa	of av	vards to	
I agree to notify Gler checking or savings notify the Registrar's result in a processing	account or Office at G	to term Ilenville	inate this a of any cha	uthorizati	on. I a	also u	under	star	d th	at I	shou	ıld	
**Direct Deposit will decount.'	only be initi	ated up	oon proper	completio	n of 'l	Requ	iest F	or E	Oraft	on :	Stud	ent	
Student's Signature					Date						_		

Please attach a blank, voided check in this space. The check must be preprinted with the bank's imprinted account number.

A blank, voided check provides our accounting department with your correct bank account number.