

Bursar Direct Deposit Authorization Form*

1. Last Name	First Name	MI.
3. Dawg Tag Number	4. Last Four Digits of SSN	5. Account Type (check one) Checking (attach a preprinted voided check)
6. Name of Financial Institution	XXX-XX-	Savings (complete bank authorization below)
7a. Bank Routing Number	7b. Account Number	
tach a voided check (not a de	eposit slip or starter check) with your name pr	rinted on it.
	Otherwise complete the bar Locating Account and Routing/T (not applicable to non-checking)	nk authorization below. ransit Numbers on Checks
	Checking Account #. between 2 marks Routing #, 9 digits, between 2 marks Checking Account #. Dear Of The Order of	Check #, not required for this form
financial institution designated		nd all overpayments to my account indicated at the and adjustments for any credit entries in error to my account
E-mail	Phone	
Bank Authorization (stitution: Please verify the accur-		r starter check) – To be completed by financial
Name(s) on Account	Account Number	Routing Number