

DIRECT DEPOSIT AUTHORIZATION



Complete Sections 1 and 2 to authorize Direct Deposit.

Complete Section 3 to cancel Direct Deposit.

Email this form to ltupayments@ltu.edu or return it to the OneStopCenter on campus.

STUDENT'S NAME: _____ STUDENT ID: _____

**1. STUDENT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (CREDITS) (please print clearly)
(Authorizations will be retained on file until you wish to rescind or change this form.)**

Name on Account (Student): _____

Student's Financial Institution: _____

City: _____ State: _____ Type of Account (check one): **Checking** **Savings**

Bank Routing Number / ABA Number (9 digits)* _____ (Found on bottom left portion of check)

Account Number: _____

Please attach a voided check with the account number and bank ABA number. Be sure to write "VOID" on your sample check submitted.

2. CERTIFICATION STATEMENT (Signature Required)

By signing this form, I authorize Lawrence Technological University and my financial institution identified above, to automatically deposit the financial aid refund to the account designated.

Student Signature Date

3. CANCEL DIRECT DEPOSIT AUTHORIZATION (Signature Required)

(If you have closed your bank account and this information is no longer valid, you will need to cancel the Direct Deposit Authorization.)

By signing this form, I authorize Lawrence Technological University to delete financial institution identified above.

Student Signature Date

Attach voided check here