



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Student Name _____

I hereby authorize Drake University to initiate credit entries to my checking or savings account(s) indicated below.

Financial Institution: _____

Checking Account (ATTACH VOIDED CHECK)

ABA (Routing) Number: _____

^{OR} Savings Account (ATTACH DEPOSIT SLIP)

Account Number: _____

I understand that this authority will remain in full effect until the Drake University Office of Student Accounts has received written notification of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it.

I hereby authorize Drake University to (check one):

Begin deposit of refund checks into my checking/savings account.

ATTACH CHECK/SAVINGS DEPOSIT SLIP

Change my current financial institution, account number, or type of account into which my refund check is deposited.

The Authorization Agreements must be received in the Office of Student Accounts August 15th/January 10th to have in effect for the start of the fall/spring term.

Note: Within 5 days of receipt of funds from your lender Drake University will deposit your refund.

P
L
E
A
S
E

P
R
I
N
T

Name: _____

Banner ID: _____

E-mail Address: _____

Phone Number: _____

Signature: _____

Date: _____