

Office of Student Accounts 6832 Convent Blvd Sylvania, OH 43560 Phone 419-824-3724 Fax: 419-517-8896

## **Authorization Form for Direct Deposit**

I authorize Lourdes University located at 6832 Convent Blvd. Sylvania, OH 43560 (hereafter referred to as "Company") to direct deposit funds to my account with the financial institution listed below. If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution.

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Check one of the following:	☐ Start ☐ Stop		∐ Changii	□/	Adding an Account								
Effective Date:	As Soon As Possible	☐ Future Dat	e:			_/ _			_/			_	
Account Information													
Financial Institution Name	-												
ABA Bank Routing Number (must be 9 numbers)  Account Number (not to								d 17	numb	ers)			
(Enter the above information	from the bottom of your ch	neck)					-11						
Type of Account Checking	ı □ Savings □												
This authorization will be in a Holder listed below:	effect until the "Company" r	eceives a <u>written</u> t	ermination r	notice f	rom t	he Acco	ount						
Name on Bank Account							==	Ph	one:				
Address			City					St	ate	Zip (	Code		
Email Address													
v													
Authorized Signature							_ ^	Date	,				—