



# The University of Kansas Direct Deposit Authorization



STUDENT NAME \_\_\_\_\_ KUID # \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 BANK NAME \_\_\_\_\_ TYPE: CHECKING \_\_\_\_\_ SAVING \_\_\_\_\_  
 \*ROUTING/TRANSIT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**\*Note: Failure to supply the correct routing number will cause a delay in the refunding process.**

Deposit slip routing numbers do not always match the routing number on your check.

I understand that:

- Direct deposit transactions will be sent to the bank.
- I should contact my financial institution to verify receipt of funds.
- Once funds transfer to my bank account, new charges may post to my University (KU) account or current charges may remain on my KU account if I did not request that aid be applied to all outstanding charges.
- If charges on my KU account are not paid by the appropriate due date, a hold may be placed on my KU account.

I authorize The University of Kansas to deposit my credit balance directly to the account above and to correct any errors that may occur from these transactions. I authorize the financial institution indicated above to post transactions to the account. This authorization is to remain in effect until The University of Kansas receives written notice from me to cancel or change this authorization.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**

**Do Not Enter Debit Card Info**

**Only Use Banking Information Printed on Checks**

Deliver completed form to: Bursar's Office, Carruth-O'Leary, Room 20 Questions? Call 785-864-3322  
 Mail completed form to: Bursar's Office, 1246 West Campus Rd, Room 20, Lawrence, KS 66045-7505

**If not delivering in person, the following section must be completed by a Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
 personally appeared before me, (check one) \_\_\_\_\_ who is personally known to me OR \_\_\_\_\_ whose identity I proved on  
 the basis of \_\_\_\_\_ to be the signer of this Direct Deposit Authorization Form.

Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires: \_\_\_\_\_

**SIGN HERE TO CANCEL THIS AGREEMENT**

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**KU verification by Bursar's Office personnel of student providing Direct Deposit Authorization:**

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Bursar's Office Use Only**      Date Activated \_\_\_\_\_ Initials \_\_\_\_\_     SI (Added)  
 Date Changed \_\_\_\_\_ Initials \_\_\_\_\_    Date Canceled \_\_\_\_\_ Initials \_\_\_\_\_     SI (Removed)