



# DIRECT DEPOSIT AUTHORIZATION FOR PARENT PLUS LOAN PROCEEDS

PARENT NAME \_\_\_\_\_ SSN # XXX - XX - \_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BANK NAME \_\_\_\_\_ TYPE: CHECKING \_\_\_\_\_ SAVING \_\_\_\_\_

\*ROUTING/TRANSIT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Deposit slip routing numbers do not always match the routing number on your check. Please do not write the individual check # if it's included in the numbers along the bottom of your check.

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

STUDENT NAME \_\_\_\_\_ KUID # \_\_\_\_\_

I understand that:

- PLUS funds are applied directly to my student's university account. If the loan creates a credit balance, these funds will then be sent electronically to the bank account designated above.
- Direct deposit transactions will be sent electronically to the bank -- no paper check will be produced.
- If I have more than one student at KU, proceeds for all students will be sent via direct deposit.
- I should contact my financial institution to verify receipt of funds.
- I will need to update this agreement if the account information is changed, or if the account is closed.

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 agreement is to remain in effect until the University of Kansas receives written notice from me to cancel or change this authorization.

PARENT'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, Room 20, Carruth-O'Leary 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**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

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

<b>Bursar's Office Use Only</b>	Account # _____	Date Activated _____	Initials _____	<input type="checkbox"/> SI (Added)
	Date Changed _____	Initials _____	Date Canceled _____	Initials _____ <input type="checkbox"/> SI (Removed)