

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, Strong Hall, Room 23 Questions? Call 785-864-3322
 Mail completed form to: Bursar's Office, 1450 Jayhawk Blvd., Room 23 Lawrence, KS 66045-7518

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 _____

Bursar's Office Use Only Account # _____ Date Activated _____ Initials _____ SI (Added)

Date Changed _____ Initials _____ Date Canceled _____ Initials _____ SI (Removed)