

DIRECT DEPOSIT AUTHORIZATION FOR PARENT PLUS LOAN PROCEEDS

PARENT NAME _____ Last Four Digits of SSN# - _____

DAYTIME PHONE _____ EMAIL _____

BANK NAME _____ TYPE: CHECKING _____ SAVINGS _____

*ROUTING/TRANSIT # _____ ACCOUNT # _____

***Note: Failure to supply the correct information will cause a delay in the refunding process.** Deposit slip routing numbers do not always match the actual routing number for your account. Please write the routing number from your check if it is different than the one on the deposit slip. Please do not write the individual check # if it's included in the numbers at the bottom of your check.

STUDENT NAME _____ KUID # _____

- I understand that Direct deposit transactions will be sent electronically to the bank-- no paper check will be produced.
- 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 authorization is to remain in effect until the University of Kansas receives written notice from me to cancel or change this authorization.

PARENT SIGNATURE _____ DATE _____

➡ 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: _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

Deliver completed form to: Student Accounts & Receivables Carruth Room 1

Questions? Call 785-864-3322

Mail completed form to: KU Student Accounts & Receivables
1246 W. Campus Rd, Room 1
Lawrence KS 66045

SIGN HERE TO CANCEL THIS FORM

PARENT'S SIGNATURE TO CANCEL _____ DATE _____

Student Accounts & Receivables Office Use Only

Parent ID# _____

KU Verification by SAR Staff witnessing the Authorization: Signature _____ Date _____

Date Activated _____ Initials _____

Date Changed _____ Initials _____

Date Cancelled _____ Initials _____