



Direct Deposit Authorization for Parent PLUS Loan Proceeds

Parent Info:

Parent Last Name: _____ First Name: _____

Last 4 Digits of SSN #: _____ Phone: _____ Email: _____

Student Full Name: _____ Student KUID #: _____

Bank Info:

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type (Checking or Savings): _____

I understand that incorrect information provided may result in a delay in the refunding process.

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 will remain in effect until The University of Kansas receives written notice from me to cancel this authorization.

Parent Signature: _____ Date: _____

Please email the completed form to Student Accounts & Receivables at stu.account@ku.edu

SAR Office Use Only

SAR Staff Witness:

Parent ID:

Date: