



# DIRECT DEPOSIT AUTHORIZATION FOR PARENT PLUS LOAN PROCEEDS

NAME of PARENT on Loan \_\_\_\_\_ 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 \_\_\_\_\_

### Please provide a copy of your driver's license

SIGN HERE TO CANCEL THIS FORM

PARENT'S SIGNATURE TO CANCEL \_\_\_\_\_ DATE \_\_\_\_\_

#### Student Accounts Office Use Only

Parent ID# \_\_\_\_\_

KU Verification by SAR Staff witnessing the Authorization: Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Activated \_\_\_\_\_ Initials \_\_\_\_\_

Date Changed \_\_\_\_\_ Initials \_\_\_\_\_

Date Cancelled \_\_\_\_\_ Initials \_\_\_\_\_