## **DIRECT DEPOSIT AUTHORIZATION FORM**



## Instructions:

- 1) Fill in all information, recording the transit routing number, account number, and whether deposit is to a checking or savings account.
- 2) Attach a voided check (checking account), voided withdrawal form (savings), or official document from your bank with your name, routing, and account number.
- Sign and return the form to the Accounting Office, Stokes Administration Building, Room 103 or mail to the address below. If a joint account, then signature of joint accountholder is also required. If this form is mailed or faxed, then a copy of your driver's license must also be provided.

Francis Marion University Accounting/Cashier's Office PO Box 100547 Florence, SC 29502

STUDENT NAME:			STUDENT ID#:	
EMAIL ADDRESS:			LOCAL PHONE:	
CHECK ONE:	NEW DIRECT DEPOSIT EN	IROLLMENT		
	CHANGE DIRECT DEPOSIT ENROLLMENT (changing the financial institution/account #)			
	DELETE/TERMINATE DIRI	ECT DEPOSIT ELECT	ΓΙΟΝ	
	ACCOUNT TYPE:	CHECKING ACC	OUNT SAVINGS ACCOUNT	
TRANSIT ROUTIN	G NUMBER (9 digits)			
ACCOUNT NUMB	ER			
I hereby request, account as desigr		ed with Francis Ma	arion University, that my refund payments be	deposited into my
University to dire		o debit my/our acc	n University in error, I/we hereby authorize Fount for the amount of the overpayment. It is occurs.	
			their entirety to an international bank account out bank or financial agency outside the United Stat	
	TUDENT SIGNATURE		JOINT ACCOUNT HOLDER'S SIGNATURE	 DATE
			JOINT ACCOUNT HOLDER'S SIGNATURE  J/wp-content/uploads/2016/07/DIRECT-DEF	

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