

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete the instructions below:

- 1 - Please 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.
- 3 - 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 account holder is also required. If this form is mailed or faxed, then a copy of your driver's license must also be provided.

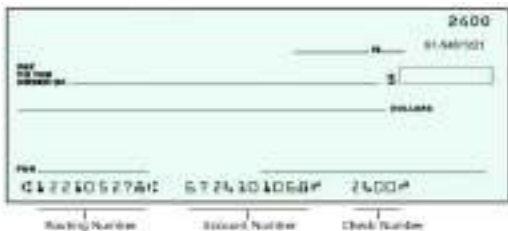
STUDENT NAME: _____

STUDENT ID#: _____ **PHONE:** _____

EMAIL ADDRESS: _____

Please check one:

- NEW DIRECT DEPOSIT ENROLLMENT
- CHANGE DIRECT DEPOSIT ENROLLMENT (changing the financial institution/account #)
- DELETE/TERMINATE DIRECT DEPOSIT ELECTION



ACCOUNT TYPE: CHECKING SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I hereby request, until further written notice is filed with Francis Marion University, that my refund payments be deposited into my account as designated above.

To correct any over payments made to my account by Francis Marion University in error, I/we hereby authorize Francis Marion University to direct the bank designated herein to debit my/our account for the amount of the overpayment. It is understood that Francis Marion University will notify the student when this situation occurs.

I have instructions with my domestic bank to deposit these funds in their entirety to an international bank account outside the U.S. (Check this box only if these funds will be deposited directly or subsequently to a bank or financial agency outside the United States.)

STUDENT SIGNATURE DATE

JOINT ACCOUNT HOLDER'S SIGNATURE DATE

