



Office Enrollment Services

**Direct Deposit Authorization
Student Financial Aid Refund**

STUDENT'S NAME: _____ **STUDENT ID:** _____

DIRECTIONS: Complete and submit this form to Enrollment Services at the One Stop Center or fax to 248-204-2228 ten (10) days prior to the refund date. Note: Authorizations are only collected once. Should you wish to rescind any Authorization, you may do so by completing another Authorization Form.

LTU will make a direct deposit to a bank account of your choice. Please **attach a voided check** with the account number and bank ABA number. Be sure to write "VOID" on your sample check submitted.

STUDENT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (CREDITS)
(please print clearly)

Student's Financial Institution: _____

City: _____ State: _____ Type of Account (circle one): **Checking Savings**

Bank Routing Number / ABA Number (9 digits) _____ Account Number: _____

** Note: this number is required and found on bottom left portion of check **

PARENT PLUS LOAN BORROWER AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (CREDITS)
(please print clearly)

Parent Borrower (print name): _____

Parent's (PLUS Loan Borrower) Financial Institution: _____

City: _____ State: _____ Type of Account (circle one): **Checking Savings**

Bank Routing Number / ABA Number (9 digits) _____ Account Number: _____

** Note: this number is required and found on bottom left portion of check **

CERTIFICATION STATEMENT (Read & Sign)

By signing this form, I/we authorize Lawrence Technological University and my/our financial institution(s) identified above, to automatically deposit the financial aid refund to the account(s) designated. Adjusting entries to correct error(s) are also authorized. This form supersedes any prior direct deposit authorization(s) previously signed.

Student's signature: _____ Date: _____

Parent borrower's signature: _____ Date: _____