



OFFICE OF FINANCIAL AID

Direct Deposit Authorization

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

DIRECTIONS: Complete and return this form to either the Cashier's Office or to the Office of Financial Aid. 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 **

CERTIFICATION STATEMENT (Read & Sign)

By signing this form, I authorize Lawrence Technological University and my 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: _____