

# Mississippi Valley State University

## Student Direct Deposit Authorization Form

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Please check all that apply:

New Application       Change of Financial Institution       Cancel Authorization

### Account Information

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking      \_\_\_\_\_ Saving

### Authorization Agreement

I hereby authorize: (1)Mississippi Valley State University to deposit my funds via Direct Deposit,  
(2)My financial institution to credit my account, and  
(3)Mississippi Valley State University to initiate and my financial institution to make adjustments to my account for incorrect credits/payment which may occur.

The authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, or change financial institutions. All requests for change should be submitted to Mississippi Valley State University at least 2 weeks in advance, to enable the University and financial institution(s) to process appropriate transactions.

### Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a voided check and return this form to the Work Study Coordinator in the Office of Financial Aid.**