



## DIRECT DEPOSIT AUTHORIZATION FORM for STUDENT

Name: \_\_\_\_\_ Student # \_\_\_\_\_

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

Bank Routing Number #: \_\_\_\_\_ Account #: \_\_\_\_\_ ☐ Checking ☐ Saving

I hereby authorize South Baylo University and/or its agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

1. Direct Deposit is not activated until 10 days following a \$0 test transaction for **New or Change** authorization
2. I must submit a new Authorization Form if I change my account (name, institution, branch, type account, etc.)
3. Direct Deposit status will be temporarily suspended if wages are garnished.
4. Direct Deposit status will be suspended by SBU at any time under special or extreme conditions.
5. In the event of an overpayment, I agree to pay back the amount in full within 30 days of the occurrence.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*