

Direct Deposit Authorization



Student Refund Direct Deposit Authorization

Note: Not for payroll use

Name (please print) _____

Social Security # _____ Student ID # _____

Phone # _____

(Please Check One of the Following Options:)

First Time Enrolling in Direct Deposit: ____ Changing Bank Account Information: ____

Checking or Savings Account: **A voided check or other verification* of routing & account numbers MUST be attached.**

Bank Name: _____ Bank Location: _____

Routing#: _____ Bank Account#: _____

Type of Account: (please check one) Checking Savings

I hereby authorize and request Southern Arkansas University Tech to deposit directly to my checking or savings account the amount of my refund. I also authorize Southern Arkansas University Tech to initiate such debit entries to said account that may be required to correct any erroneous entries to make necessary adjustments.

I acknowledge that it is the responsibility of the Receiving Depository Financial Institution (bank) to make the necessary arrangements for obtaining its automated clearinghouse information to ensure proper funds are deposited.

This authority is to remain in full force and effective until I notify Southern Arkansas University Tech in writing, to either change or cancel this authorization.

Signature: _____

Date: _____

A VOIDED CHECK OR OTHER VERIFICATION* MUST BE ATTACHED HERE

Please Return To:
SOUTHERN ARKANSAS UNIVERSITY TECH
BUSINESS OFFICE – CASHIER
P. O. BOX 3499
CAMDEN, AR 71711

OR EMAIL TO: mhopson@sautech.edu

**Other verification can be a letter or documentation from your bank (financial institution) that contains name, routing and account numbers.*