

SOUTHEASTERN LOUISIANA UNIVERSITY
AUTHORIZATION FOR AUTOMATIC DEPOSIT
OF STUDENT REFUNDS

Direct Deposit Program

Name _____ W# _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

DEPOSITORY (BANK, CREDIT UNION, ETC.)

I hereby authorize Southeastern Louisiana University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the DEPOSITORY named below to credit and/or debit the same said account.

Please attach a voided check or savings account ticket to insure the correct account number is properly recorded **(Please do not attach deposit slips)**. Deliver this form with the appropriate attachment to the Controller's Office (North Campus Financial Aid Building, Room 105) or mail to SLU 10720, Hammond, LA 70402. **Please allow five (5) business days for direct deposit to become effective.** If you have any questions, please call (985)549-2188 or email klobell@selu.edu.

Bank Name: _____

City: _____

State: _____

Routing - Transit/ABA Number: _____

Select One: Checking _____ Savings _____

Account Number: _____

I understand it is my responsibility to maintain current banking information with the Controller's Office and failure to do so may result in a delay in receiving my funds.

Furthermore, this authority is to remain in full force and effect until Southeastern Louisiana University has received **written notification** from me of its termination and in such manner as to afford Southeastern and DEPOSITORY a reasonable opportunity, normally five (5) business days, to act on it.

Student's Signature _____ Date _____

Parent's Signature
(if student is a minor) _____ Date _____
