Student Direct Deposit Authorization

MID-AMERICA CHRISTIAN UNIVERSITY

DIRECT DEPOSIT is a safe and easy way to have your overage deposited directly into a checking or savings account at the financial institution of your choice.

Use this form to: Establish New Direct Deposit, Change Financial Institution and/or Account Type or Number.	**Submit this form to:** Business Office Fax: 405-692-3290 or Email:businessoffice@macu.edu

Instructions - Your name must be listed on the checking or savings account:

1. Complete all financial information fields listed below.
2. Checking Account – Attach a voided, permanent, personal **(NO TEMPORARY CHECKS)** check or a letter on letterhead paper from your financial institution with your routing number and your account number. Do not use a deposit slip.
3. Savings Account – Attach a letter on letterhead paper from your financial institution with your routing number and your account number.   Do not use a deposit slip.
4. Sign and return this form and attachments to the Business Office.

Important Reminder: Failure to notify the Business Office in a timely manner of changed or closed accounts may substantially delay the receipt of your overage. If an attempt is made to deposit funds into a closed account you will be responsible for bank return or notice of change charges.

STUDENT'S AUTHORIZATION: I authorize Mid-America Christian University and the financial institution listed below to initiate electronic deposits. **This authority will remain in effect until I have canceled it in writing.**

This is an authorization to: ☐ Establish New Account   ☐ Change Existing Account

Account Type: ☐ Checking Account – A voided check or letter on letterhead paper from your financial institution with your routing number and your account number is required to process this authorization.

☐ Savings Account - A letter on letterhead paper from your financial institution with your routing number and your account number is required to process this authorization.

_____	_____	_____	_____
Financial Institution	Routing Number	Account Number	Date
_____	_____	_____	
Last 4 SSN	ID #	(Please Type or Print) Student's Name and Student's Signature	

Office Use Only

Date Received: _____   Date Entered_____   Entered By_____