



AUTHORIZATION FOR DIRECT DEPOSIT STUDENT ACCOUNTS

Official Use only
Date completed form received:

→ Please submit this completed form to **Student Accounts (Founders Hall 2nd floor)** ←

- ❖ Direct deposit is used to allow a student to transfer their disbursement check to their financial institution. The student grants authorization to Soka University of America to deposit the funds on their behalf by completing and signing this form along with attaching a voided check from the student's financial institution.

Last Name:		First Name:	
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Check applicable box below:

- I hereby request and authorize Accounts Payable to deposit my check into the named account below. I authorize Soka University of America and (University's Bank) to withdraw any funds deposited into my account in error.
- I hereby cancel the Authorization for Direct Deposit previously submitted.

Signature:		Student ID#:	
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Attach VOIDED check here

If you do **not** have personal checks, please complete the following:

- Name of US Bank: _____
- Full Name of Account Holder: _____
- Bank Routing/ABA Number (9-digits):
- Bank Account Number: _____

Official Use only, please do not mark below:

<input type="radio"/> Form received by: _____	<input type="radio"/> Vendor #: _____
	<input type="radio"/> Bank Information Entered: _____