

# Direct Deposit Authorization



I hereby authorize Marian University to initiate electronic entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account listed below.

Name of Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

City, State \_\_\_\_\_

Account Number \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Account:  Checking  Savings

This authorization shall remain in full force and effect until Marian University receives written notice of its termination from me, in such time and manner as to afford reasonable opportunity for Marian University and the financial institution to act on it.

Name (Please print) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

(        ) \_\_\_\_\_

Date \_\_\_\_\_