

University of St. Thomas Direct Deposit Authorization

FOR ELECTRONIC DEPOSITS OF CREDIT BALANCES

New Direct Deposit Change to Direct Deposit Direct Deposit Cancellation

I authorize the University of St. Thomas and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries done in error to my bank account. I understand that I will be charged a \$30.00 fee by UST if there are insufficient funds in my checking account at the time UST initiates any debit entries (this fee is subject to change).

Approximately ten banking days are needed between the receipt of this form and the effective payment date for this authorization. There is no need to complete a new form each semester unless your banking information changes or you wish to discontinue receiving payments by direct deposit.

THIS DIRECT DEPOSIT AUTHORIZATION WILL REMAIN IN EFFECT UNTIL THE UNIVERSITY OF ST THOMAS HAS RECEIVED WRITTEN NOTIFICATION FROM ME REQUESTING A CHANGE OR DISCONTINUATION.

Students Name _____
Last First MI

UST ID Number _____

Home telephone # _____ Work telephone # _____

Account holders name _____
(if different from student)

Bank Name _____

Bank City _____ Bank State _____

Bank Routing Number _____
(9 digits; lower left-hand side of check)

Checking Account Number _____

Student Signature _____

Signature _____ Date _____
Of Account Holder

(ATTACH A VOIDED CHECK HERE)

DO NOT ATTACH A DEPOSIT SLIP

University of St. Thomas Business Office
Mail #AQU116, 2115 Summit Avenue, St. Paul, MN 55105
Phone: (651)962-6600 or (800)328-6819 FAX: (651)962-6630