



ID #: _____ NAME: _____ PHONE: _____

Automatic Direct Deposit Authorization

Bank Account Information

Name of Institution

Type of Account Checking Savings

Routing Number Account Number

Please attach a cancelled/voided/copy of a check or official banking information with name, routing number, and account number. La Sierra is not liable for errors resulting from inaccurate information provided above.

Please initial either option:

- I hereby authorize La Sierra University to transfer all future disbursements or payouts, including any excess from my federal student aid funds, to the institution indicated above. The institution is authorized to credit and/or correct the amounts to my account.

This authority is to remain in full force and effect until I revoke it in writing. Revocation must be provided to La Sierra in such time and such manner as to allow the institution a reasonable opportunity to act upon it.

I understand that this direct deposit form does not guarantee funds will be deposited into my bank account. A credit refund must be requested in order to begin the refunding process.

- I hereby revoke my authorization for La Sierra University to initiate credits and/or corrections to any previous credits to the institution indicated above.

Student's Signature

Date

Allow one week for activation, or deactivation of direct deposit.

Return to: La Sierra University, Student Financial Services, 4500 Riverwalk Parkway, Riverside CA 92515-8247 Ph: (951) 785-2175 Fax: (951) 785-2175

Office Use only:

SFS Tracked

Date

Activated by Accounting

Date