

# Student Direct Deposit Authorization Form

Banner ID  
if not known last 4 digits of SSN REQUIRED

Name  
Contact Number



*The account(s) must be established and active at your bank(s).  
You may fill this out electronically and print out. Prints on 2 pages.*

Please check the appropriate box and complete:

New  
Account

Cancel  
Account 1

Cancel  
Account 2

**Note: Payroll must be notified BEFORE you cancel account.**

Direct Deposit already set up, adding reimbursements refunds only

Direct Deposit already set up, changing dollar amount only

Account Number you are replacing  
(REQUIRED)

New Account to replace an existing direct deposit

## Account 1

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Bank Name

Bank Transit Routing Number

Bank Account Number

Checking

Savings

Payroll Full Deposit  
Payroll Partial Deposit

Amount per pay date

## Account 2

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Bank Name

Bank Transit Routing Number

Bank Account Number

Checking

Savings

Payroll Full Deposit  
Payroll Partial Deposit

Amount per pay date

OTHER - Financial Aid,  
Student Account Refund,  
AP Reimbursements

Can only be checked for one account

***Please return to the appropriate Department:***

Payroll Department - *Graduate Payroll/Student Account Refunds*

Financial Aid Department - *Undergrad Payroll/Student Account Refunds*

- \* I authorize Clark University and the bank(s) above to deposit my payroll net pay and/or portion thereof as indicated into my bank account(s).
- \* I authorize Clark University and the bank(s) above to deposit my financial aid & student account refund as indicated into my bank account(s).
- \* If funds to which I am not entitled are deposited to my account, I authorize Clark University to direct the bank(s) to return said funds to Clark University.
- \* I understand that my deposit for payroll may not be credited to my account until 5:00 PM (EST) on the pay date indicated on the check voucher.

Student Name (please print)

Signature

Date

***Federal Work Study Authorization - Undergraduate***

- \* I authorize any payment funded by Federal Work Study to be credited to my bank account. I understand that this authorization may be recinded by written notification submitted to Financial Assistance.

Student Name (please print)

Signature

Date

*Attach voided check or a letter from the bank stating routing and account number for each bank.*

