Authorization Form for Direct Deposit

Date: _____ ID# @_____

Please complete the section (s) below so that all funds can be deposited into the designated account.

I_____ authorize Howard University to initiate credits/debits to my
(Student Name)
checking/savings account.

If monies to which I am not entitled are deposited to my account, I authorize Howard University to direct the financial institution to return said funds.

This authorization is to remain in full force and effect until Howard University has received written notification from me/us (or my banking institution) of its termination in such time and in such a manner as to afford Howard University and/or financial institution(s) a reasonable opportunity to act on it.

_____	_____	_____
Student Signature	**Date**	**Contact Number**

Note: All written credit/debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

If there is a Parent Plus Loan included in your aid, the parent & student MUST give authorization for direct deposit.

I_____ authorize Howard University to initiate credits/debits to my
(Parent Name)
checking/savings account.

_____	_____	_____
Parent Signature	**Date**	**Contact Number**

****** Howard University should be notified of any changes to your bank account immediately.******

A VOIDED CHECK OR YOUR BANK'S DIRECT DEPOSIT SIGN-UP FORM MUST BE ATTACHED TO THIS FORM IN ORDER TO BE PROCESSED.

You may return the Direct Deposit Form by utilizing any of the following options:

(1) By Mail, send forms to:
Office of the Assistant Treasurer
Howard University
2244 10th Street, NW Suite 402
Washington, DC 20059

(2) By Fax
(202)806-9533

(3) Drop Off:
Cashier's Office
Room 115, located on the 1st floor of the Administration Building