



AUTHORIZATION FOR STUDENT DIRECT DEPOSIT

(PLEASE PRINT LEGIBLY)

_____ YES. I wish to have any payments made to me by KCU deposited directly into the account specified.

Attach a voided check to this form (do not send a deposit slip).

NAME _____ CLASS OF _____

PHONE # _____ E-MAIL _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize KCU to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account indicated below and the bank named below to credit/debit the same to such account.

I understand the pre-note process could take up to two weeks to be completed with both financial institutions.

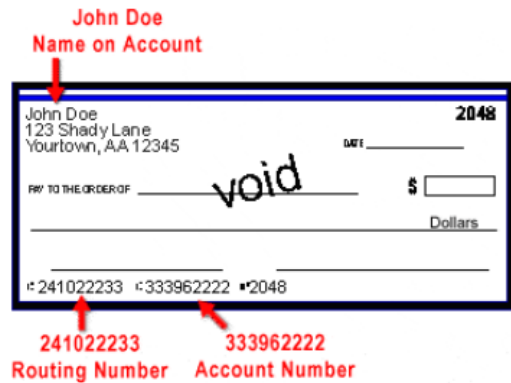
FINANCIAL INSTITUTION INFORMATION:

NAME OF BANK _____

ABA/ROUTING NUMBER _____
(9 digits on the bottom left of the check, **not** from deposit slip)

ACCOUNT NUMBER _____

TYPE OF ACCOUNT: CHECKING SAVINGS



This authority is to remain in full force and effect until the KCU Business Office has received written notification from me of its termination in such time and in such manner as to afford KCU and the financial institution a reasonable opportunity to act on it. I will be held accountable for any bank fee charges resulting from the inaccurate transfer information provided. My signature below indicates agreement with the above terms and condition for automatic deposits.

NAME ON ACCOUNT _____

SIGNATURE _____

DATE SIGNED _____

Please email this form to studentaccounts@kcumb.edu