Bank Account Adjustment Form

To adjust/close any bank account information in regards to your Direct Deposit, simply fill out this form and return it to the Student Accounts Office or the Student Advocacy Desk. If you are changing your direct deposit information, please fill out a NEW Direct Deposit form along with this form.

DIRECT DEPOSIT ADJUSTMENT AUTHORIZATION

NAME (Print): ______________________________________________________

STUDENT ID NUMBER: ____________________________________________

DAYTIME PHONE NUMBER: _________________________________________

Please check the current quarter in which you are making these changes:

☐ SU ☐ FA ☐ WI ☐ SP

I hereby authorize LIFE UNIVERSITY, to make changes to my checking account and Financial Institution.

This authority is to remain in full force and effective until LIFE UNIVERSITY has received written notification from me of its termination in such time and in such manner as to afford Life University a reasonable opportunity to process requested action.

After a year of absence from the University, your bank account information will be deleted.

Please check all that apply:

☐ I am requesting that Life University CLOSE my current bank account information on file, and open a new one.

Date: ___________________________ Signature: ________________________