



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: _____