

STUDENT REFUND DIRECT DEPOSIT ENROLLMENT



To enroll in Direct Deposit, simply fill out this form and fax to the Student Accounts Office at (770) 426-2926 along with a copy of your voided check or official documentation from your bank stating your name, routing, and account number (for example: Bank Statement). Please return this form to the Student Advocacy Center along with supporting documentation.

DIRECT DEPOSIT AUTHORIZATION

Name (Print) _____

Student ID Number _____

Daytime Phone Number _____

Please check the quarter in which you will be **starting** at Life University: SU FA WI SP

I hereby authorize LIFE UNIVERSITY, to initiate credit entries to my checking account and Financial Institution indicated below.

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**.

Name of Financial Institution _____

Routing Number _____

Account Number _____

Student's Signature _____ Date _____

****ATTACH A VOIDED CHECK****

Checking Account Only

No Starter Checks—Must be the registered students account.