

Indiana State University

Direct Deposit of Accounts Payable and Student Refunds
Authorization Agreement Form

New Authorization

Update Existing Authorization

Cancel Authorization

Name or Corporation _____

University ID (991 #)
or Federal ID # _____

Address _____

Telephone Number _____

Fax Number _____

Email Address _____

Contact _____

I hereby authorize Indiana State University to initiate direct deposit credit entries and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution indicated below.

This authority is to remain in full force and effect until Indiana State University has received written notification from me of its termination in such time and in such manner as to afford Indiana State University and the financial institution named below a reasonable opportunity to act on it.

Name of Financial Institution _____

Financial Institution Address _____

Financial Institution Telephone Number _____

Routing Transit # _____ Account # _____

Type of Account (Please check one): Checking or Savings

Signature _____ Date _____

Printed Name _____

Title _____

Please check here if you expect to receive student refunds via direct deposit:

Please return completed form to:

Indiana State University
Office of the Controller / Financial Accounting
200 N. 7th Street
Terre Haute, IN 47809
(812) 237-3535 Fax (812) 237-8179
email: accountspayable@indstate.edu

** If you wish to stop using the direct deposit service or have questions, please email accountspayable@indstate.edu. If you are a student the e-mail must come from your Sycamore email and must include your 991#