

North Dakota University System
STUDENT FINANCE DIRECT DEPOSIT AUTHORIZATION

Student Information:

Name _____
Address _____
Phone Number _____
Empl ID _____

THE DIRECT DEPOSIT REQUEST TAKES 10 BUSINESS DAYS TO PROCESS. A PAPER CHECK MAY BE ISSUED IF THIS PROCESS IS NOT COMPLETE PRIOR TO ISSUANCE OF REFUND.

I authorize the North Dakota University System and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account.

This direct deposit will remain in effect until I request in writing a change/discontinuation or 24 months after the last date of use. This direct deposit request will override any other direct deposit I may have set up at a North Dakota University System College or University.

I understand that the deposit for all payments will show on my bank account 2-3 banking days after transmittal and I should contact my financial institution to verify receipt of funds.

Signature/Date

Direct Deposit Account Information:

Financial Institution:

Name _____
Address _____
Routing Number _____
Account Number _____
Account Type:

- Checking
- Savings

ATTACH A VOIDED CHECK OR DEPOSIT SLIP HERE. THE DIRECT DEPOSIT REQUEST MAY NOT BE ABLE TO BE PROCESSED WITHOUT THE REQUESTED ATTACHMENT.

For Business Office Use Only

Date Received
Date Input
Input by

**Forward to: NDSU Business Office
PO Box 5456
Fargo, ND 58105-5456**