

DIRECT DEPOSIT AUTHORIZATION

OFFICE OF THE BURSAR

(815) 753-1885

Northern Illine University	ois	New	Chanç	ge	Cancellation
STUDENT INFORMATION	ON:				
NAME (LAST, FIRST MIDDLE)				8-DIGIT ST	UDENT ID (What's this)
STREET	CITY	STATE	ZIP	PHONE NU	MBER
NAME			ADDRESS		
Checking (PLEASE SELECT	Savings _{ONE)}		John Doe Mary Doe 123 Main St. Anyplace, IL 61121	Da	1050
ROUTING NUMBER (9 DIGITS	5)	_	AnyPlace 123 Bank Anyplace, IV 61121	Account	DO NOT include the check number
ACCOUNT NUMBER				/	

ATTACH A VOIDED CHECK (optional)

I UNDERSTAND:

- + Allow at least 2 weeks for my direct deposit authorization to be activated.
- **Verify receipt of funds** prior to writing any checks or attempting to withdraw deposited funds.
- → NIU assumes no responsibility for processing a replacement refund until my financial institution returns the funds to NIU if I close/change my bank account.

I hereby authorize Northern Illinois University to deposit any amount owed to me from my bursar account into my financial institution's account provided above via Electronic Funds Transfer. This authorization will remain in effect until canceled in writing by completing a new Direct Deposit Authorization Form.

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Student Signature	Date

RETURN THE COMPLETED FORM:

By Mail: Office of the Bursar Northern Illinois University 1425 W. Lincoln Highway DeKalb, Illinois 60115-2828 In Person: Bursar Office

NIU – DeKalb Campus Swen Parson Hall Room 210 By E-mail: bursar@niu.edu

By FAX: (815) 753-0491