



DIRECT DEPOSIT AUTHORIZATION
OFFICE OF THE BURSAR
 (815) 753-1885

**Northern Illinois
 University**

New

Change

Cancellation

STUDENT INFORMATION:

NAME (LAST, FIRST MIDDLE)

8-DIGIT STUDENT ID [\(What's this\)](#)

STREET

CITY

STATE

ZIP

() -

PHONE NUMBER

FINANCIAL INSTITUTION (BANK) INFORMATION:

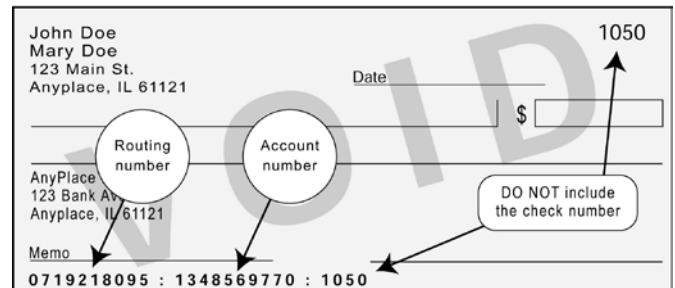
NAME

ADDRESS

Checking Savings
 (PLEASE SELECT ONE)

ROUTING NUMBER (9 DIGITS)

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.

Student Signature _____ Date _____

FAX or RETURN THE COMPLETED FORM TO:

**NORTHERN ILLINOIS UNIVERSITY
 OFFICE OF THE BURSAR
 DEKALB, ILLINOIS 60115-2858
 FAX: (815) 753-0491**