



NORTHERN ILLINOIS UNIVERSITY

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

Input boxes for New, Change, and Cancellation

STUDENT INFORMATION:

NAME (LAST, FIRST, MIDDLE) 8-DIGIT STUDENT ID (What's this) STREET CITY STATE ZIP PHONE NUMBER

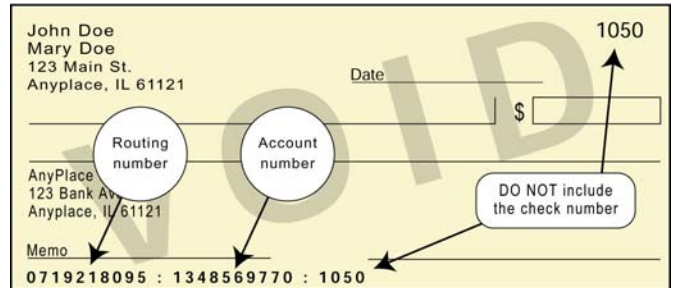
FINANCIAL INSTITUTION (BANK) INFORMATION:

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