



DIRECT DEPOSIT AUTHORIZATION
FOR DIRECT PARENT PLUS REFUNDS
 OFFICE OF THE BURSAR
 (815) 753-1885

Northern Illinois
University

New

Change

Cancellation

PARENT/GUARDIAN INFORMATION:

NAME (LAST, FIRST MIDDLE)

(INTERNAL OFFICE USE ONLY)

STREET

CITY

STATE

ZIP

() -

PHONE NUMBER

STUDENT INFORMATION:

NAME (LAST, FIRST MIDDLE) OF STUDENT RECEIVING DIRECT PARENT PLUS LOAN

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

FINANCIAL INSTITUTION (BANK) INFORMATION:

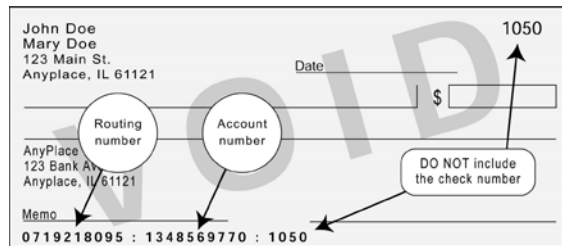
BANK NAME

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 excess PLUS loan amounts owed to me 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.

Parent/Guardian Signature _____ Date _____

FAX or RETURN THE COMPLETED FORM TO:

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