

NICHOLLS STATE UNIVERSITY
DIRECT DEPOSIT OF CREDIT BALANCE AUTHORIZATION FORM

(Please print or type)

Student Name	Student ID #
Action Type (check one) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP DIRECT DEPOSIT	Effective Date

BANK ACCOUNT

Financial Institution Name	
Account Number	Financial Institution Routing (ABA) Number

Account Type (check one)

<input type="checkbox"/> CHECKING ** (Provide voided check for account verification)	<input type="checkbox"/> SAVINGS ** (Provide copy of savings account card)
--	--

I authorize Nicholls State University to automatically deposit my credit balance to the Bank specified above. I also authorize the Bank to accept this deposit for my account and to make adjustments to my account that correct any error relating to those deposits. I agree that Nicholls State University will have no responsibility for personal checks written against my account, and that my account will be administered in accordance with the rules and regulations of the Bank. This authorization will remain in effect until revoked by me in writing or cancelled by the Bank. In the event my account information changes and I fail to notify the Controller's Office, my funds may not be available for immediate release causing a delay in payment.

E-mail address **** REQUIRED** *(please print or type)*

Phone number where you may be reached
between 8:00 a.m. and 4:30 p.m.

Signature

Date

**Please return completed form and VOIDED CHECK OR COPY OF ACCOUNT CARD to
Fee Collection Center or mail to:
Nicholls State University, PO Box 2003, Attn: Accts. Payable, Thibodaux, LA 70310**