NICHOLLS STATE UNIVERSITY
REQUEST FOR STUDENT TO RECEIVE FUNDS ELECTRONICALLY

6/2/2005

Please print or type.

STUDENT NAME:	STUDENT ID NUMBER:
ACTION TYPE: (check one) [ ] NEW [ ] CHANGE [ ] TERMINATE THIS OPTION	E-MAIL ADDRESS:

BANK ACCOUNT INFORMATION

BANK NAME:	BANK PHONE NUMBER:
BANK ACCOUNT NUMBER:	BANK ROUTING (ABA) NUMBER:
ACCOUNT TYPE (check one) [ ] *CHECKING (Provide voided check for account verification) [ ] *SAVINGS (Provide copy of savings account card)	BANK ADDRESS:

I _____ authorize and request Nicholls State University to deposit my credit account balance into the account at the financial institution I have designated above. For any funds paid to me which are not due and owing to me, I hereby agree and authorize Nicholls State University to adjust my account to correct the overpayment. It is my responsibility to notify Nicholls State University, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate is received from me and Nicholls State University has had reasonable opportunity to act on the termination.

Signature	Date	Print Name

TO BE COMPLETED BY NSU ACCOUNTS PAYABLE DEPARTMENT:

MAIN BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)

INSTRUCTIONS FOR COMPLETING NSU ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

You are to complete the unshaded portions of the enrollment form. Please complete the fields with the following information.

Student Name: The name of the student

Student ID Number: ID number assigned to student (normally SSN)

Action Type: Select whether action is new, a change or termination

E-mail Address: Student's current e-mail address

Bank Name: The name of the bank to which funds will be deposited

Bank Phone Number: The phone number of the branch or bank office to contact for assistance with transmission problem resolution

Bank Account Number: The bank account to which funds are to be deposited

Bank Routing (ABA) Number: The 9 digit routing code of the bank for the specified savings or checking account to which funds will be deposited. If funds are deposited into your checking account, the routing number usually precedes your checking account number on the bottom of your checks

Account Type: Check the appropriate account type - checking account or savings account

Bank Address: The mailing address of the bank to which funds will be deposited

Signature: The signature of the individual completing this form (payee)

Date: The date the form is completed

Print Name: Print or type the name of the individual completing this form

PLEASE RETURN FORM TO NSU CONTROLLER'S OFFICE ACCOUNTS PAYABLE DEPARTMENT