NICHOLLS STATE UNIVERSITY DIRECT DEPOSIT OF CREDIT BALANCE AUTHORIZATION FORM

(Please print or type)			2	
Student Name		Student ID #		
Action Type (check one)			Effective Date	
BAN	K ACCOUN	T		
Financial Institution Name				
Account Number	Financial	Financial Institution Routing (ABA) Number		
Account	Type (check	one)		
CHECKING	SAVINGS			
** (Provide voided check or account information from bank for verification) **NOT DEBIT CARD**		** (Provide copy of savings account card or information from bank with account information for verification)		
I authorize Nicholls State University to automospecified above. I also authorize the Bank to adjustments to my account that correct any State University will have no responsibility for that my account will be administered in account authorization will remain in effect until rethe event my account information changes may not be available for immediate release	o accept this rerror relating personal che cordance with woked by me	deposit for those of the rules in writing the control of the contr	or my account and to make deposits. I agree that Nicholls in against my account, and and regulations of the Bank. or cancelled by the Bank. In Controller's Office, my funds	
**STUDENT'S NICHOLLS E-MAIL ADDRESS IS RE **(All correspondence must be from student's Nicholl Phone number where you may be reached	s e-mail, otherw		print or type) be processed.)	
between 8:00 a.m. and 4:30 p.m.				

The completed form AND voided check or information from bank with account number and bank routing number - NOT DEBIT CARD - may be dropped off at the Fee Collection Center in Elkins Hall, scanned and emailed from the student's Nicholls e-mail account to controllers.office@nicholls.edu, or mailed to:

Nicholls State University Accounts Payable P.O. Box 2003 Thibodaux, LA 70310

Signature of Student

Date