

**ARKANSAS STATE UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

New Enrollment Change Enrollment Delete Enrollment

I, _____ (PLEASE PRINT) hereby authorize Arkansas State University-Jonesboro to initiate credit entries into my checking/savings account for direct deposit of all miscellaneous reimbursements and/or refunds. I also authorize Arkansas State University to initiate debit entries within a reasonable time in such event where the amount sent was in error. I also authorize my financial institution to credit and/or debit the same to such account.

This authority is to remain in full effect until Arkansas State University has received written notification from me of its termination, in such time as to afford the University a reasonable opportunity to act on it. I understand that a new authorization agreement must be completed if I change or close my account or change financial institutions.

In the event I am no longer affiliated with Arkansas State University, causing a chargeback of the credit, the University reserves the right to pursue collection of this debt owed to the University, including cost of collection.

Signature: _____ Date: _____

ASU ID Number: _____

ASU Email Address: _____

Bank Account Type: Checking Savings

Bank Account Number: _____

Bank Routing Number: _____

Please attach a voided check or a copy of a voided check, which bears the printed routing number and account number. If you request funds deposited into a savings account, please contact your financial institution and obtain the correct bank routing information, as this information may be different than for a checking account.

You may return this form with the attachment to:

- Deliver to: ASU Cashier's Office located on the second floor of the Student Union Building
- Mail to: Arkansas State University – Treasurer's Office, PO Box 2640, State University, AR 72467
- Fax to: 870-972-3450

Please call 870-972-2381 or 870-972-3117 for questions.