

XAVIER UNIVERSITY OF LA

Direct Deposit Authorization

STUDENT NAME	XUID#
Address	
DAYTIME PHONE	EMAIL
BANK NAME	TYPE: CHECKING SAVING
*ROUTING/TRANSIT#	ACCOUNT
Cancelling old account Yes o	Position No (place new information in space provided above)
*Note: Failure to supply the corre	ect routing number will cause a delay in the refunding process.
remain on my XU account if I did no If charges on my XU account are no I authorize XAVIER UNIVERSITY OF LA to that may occur from these transactions. I au	ent to the bank.
STUDENT'S SIGNATURE	DATE
Deliver completed form to: X Mail completed form to: Xavi Fax Form to: Xavier's Studel	ACH VOIDED CHECK HERE (avier's Student Account's Office, Xavier South, Room 300 B, for Questions? Call 504-520-7667 er Student Account's Office, 1 Drexel Drive, Box 121, Room 300, New Orleans, LA 70125 nt Account's Office @ (504) 520-7987 Deposit Authorization form is provided by the Student Account's Office.
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EMPLOYEE'S SIGNATURE	DATE
Bursar's Office Use	Only Date Activated Initials SI (Added)
Date Changed Initial	ls Date Canceled Initials = SI (Removed)

IF YOU CHANGE YOUR BANK ACCOUNT, YOU MUST IMMEDIATELY NOTIFY THE STUDENT ACCOUNT'S OFFICE.