



**XAVIER UNIVERSITY OF LOUISIANA**  
**Office of Fiscal Services**  
**Student Accounts Department**  
**Direct Deposit Authorization**

STUDENT'S NAME \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BANK NAME \_\_\_\_\_ TYPE: CHECKING \_\_\_\_ SAVING \_\_\_\_

\*ROUTING/TRANSIT # \_\_\_\_\_ ACCOUNT \_\_\_\_\_

*Cancelling old account*  *Yes or*  *No (place new information in space provided above)*

**\*Note: Failure to supply the correct routing number will cause a delay in the refunding process.**

Deposit slip routing numbers do not always match the routing number on your check.

I understand that:

- Direct deposit transactions will be sent to the bank.
- I should contact my financial institution to verify receipt of funds.
- Once funds are transferred to my bank account, new charges may post to my University (XU) account or current charges may remain on my XU account if I did not request that aid be applied to all outstanding charges.
- If charges on my XU account are not paid by the appropriate due date, a hold may be placed on my XU account.

I authorize XAVIER UNIVERSITY OF LOUISIANA to deposit my credit balance directly to the account above and to correct any errors that may occur from these transactions. I authorize the financial institution indicated above to post transactions to the account. This authorization is to remain in effect until XAVIER UNIVERSITY OF LOUISIANA receives written notice from me to cancel or change this authorization.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IF YOU CHANGE YOUR BANK ACCOUNT, YOU MUST IMMEDIATELY NOTIFY THE STUDENT ACCOUNTS' DEPARTMENT.**

**ATTACH VOIDED CHECK HERE**

Deliver completed form to: Xavier's Student Accounts' Department, Xavier South, Room 300 B, for Questions? Call 504-520-7667

Mail completed form to: Xavier Student Accounts' Department, 1 Drexel Drive, Box 121, Room 300, New Orleans, LA 70125

Fax Form to: Xavier's Student Accounts' Department @ (504) 520-7987

**XU verification of the Direct Deposit Authorization form is provided by the Student Account's Office.**

**Office of Student Account's Department Use Only**

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Bursar's Office Use Only** Date Activated \_\_\_\_\_ Initials \_\_\_\_\_  SI (Added)

Date Changed \_\_\_\_\_ Initials \_\_\_\_\_ Date Canceled \_\_\_\_\_ Initials \_\_\_\_\_  SI (Removed)