



XAVIER UNIVERSITY OF LOUISIANA

Office of Fiscal Services

Direct Deposit Authorization

**Please return with a Voided Check or Bank Statement.
Your Name must be on the Account.**

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: Office of Fiscal Service, Xavier South, Room 300

Mail completed form to: Office Fiscal Services, 1 Drexel Drive, Box 121, Room 300, New Orleans, LA 70125

Email to: bursar@xula.edu

XU verification of the Direct Deposit Authorization form is provided by the Office of Fiscal Services.

Office of Fiscal Services 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)

Rev 09/04/25