

University of Pennsylvania
AUTHORIZATION FORM
For Direct Deposit of Student Refunds

 NAME (Last, First)

□□□ - □□ - □□□□
 SOCIAL SECURITY NUMBER

PLEASE CHECK ONE:

- New Application Change of Financial Institution of Account Cancel Authorization

Please contact your financial institution if you need assistance with the following information.
 Note that Direct Deposit Refunds can only be applied to accounts at domestic (U.S.) financial institutions.

TYPE OF ACCOUNT – PLEASE CHECK ONE:

- Checking or Money Market Account (Attach a voided check or deposit slip below to verify account information)
 Savings Account (Attach a deposit slip below to verify account information)

FINANCIAL INSTITUTION NAME: _____

TRANSIT ROUTING (ABA) NUMBER: □□□□ - □□□□ - □
 (Contact your financial institution for this number)

ACCOUNT NUMBER: □□□□□□□□□□□□□□□□□□

* For University of Pennsylvania Student Credit Union accounts, please contact the Credit Union at 898-9697 for both Transit Routing and Account Numbers.

I hereby authorize: (1) the University of Pennsylvania to deposit my funds via Direct Deposit,
 (2) my financial institution to credit my account, and
 (3) the University of Pennsylvania to initiate and my financial institution to make adjustments to
 my account for any incorrect credits/payments which may occur.

This authorization will remain in effect until canceled in writing. A new authorization must be completed if I change my account, or change financial institutions. All requests for changes should be submitted to the University of Pennsylvania at least 2 weeks in advance, to enable the University and financial institution(s) to process appropriate transactions.

 SIGNATURE

(_____) _____
 PHONE

 DATE

 E-MAIL ADDRESS

VOIDED CHECK or DEPOSIT SLIP
M A N D A T O R Y

Staple
 Voided
 Check
 Or
 Deposit
 Slip
 Here

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Return to:
 University of Pennsylvania
 Student Financial Services
 221A Franklin Building
 3451 Walnut Street
 Philadelphia, PA 19104-6270
 ATTN: Student Account Operations