

ASHLAND UNIVERSITY STUDENT DIRECT DEPOSIT FORM

NEW

CHANGE

Student Name:

ID#:

Email for Remittance Notification (Required):

Address:

City, State, Zip:

Name of Bank or Financial Inst.

Bank Routing #

Bank Acct #

Checking

Savings

I authorize Ashland University to automatically deposit my funds into my account(s) at the financial institution(s) indicated. I also authorize withdrawal transactions from my account(s), limited to the amount of original deposit, in the event of an overpayment or erroneous deposit.

Signature:

Printed Name:

Date:

Please scan and return form to accts-pay@ashland.edu or by mail to Ashland University, Accounts Payable, 401 College Avenue, 201 Founders Hall, Ashland, Ohio 44805.

Thank you.