

__New

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OSU Institute of Technology Direct deposit Authorization Form

Student Information

Student ID # _____ Student Name (printed) _____
Home Phone _____ Cell Phone _____

Financial Institution Information

Institution Name _____ Branch _____

Authorization for Direct Deposit

I hereby authorize Oklahoma State University Institute of Technology, hereafter called OSUIT, initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my checking account. I further authorize the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. The account information is provided by a voided blank check attached to this document or a representative from the financial institution. This authority is to remain in full force and effect until OSUIT has received written notification from me of its termination in such time and in such manner as to afford OSUIT and DEPOSITORY a reasonable opportunity to act on it.

Student signature _____ Date _____

Account Information –financial institution representative must fill out below information OR a voided check can be attached

Institution Name _____ City _____ State _____

Routing Number _____ Account Number _____ Checking Savings

Representative Name (printed) _____ Title _____

Representative Name Signature _____ Phone _____ Date _____

Return this form to OSUIT, Office of the Bursar, 1801 E 4th, Okmulgee, OK 74447 or fax form to (918) 293-5143