

Signature

2200 BONFORTE BLVD. PUEBLO, COLORADO 81001-4901 719 549-2181

Date

FAX: 719 549-2088

## **DIRECT DEPOSIT AUTHORIZATION FORM**

I authorize Colorado State University-Pueblo to electronically deposit excess financial aid funds and student payroll checks into my designated Bank Account. I understand that I may cancel this authorization at any time by submitting the signed "Direct Deposit Cancellation" form in Student Billing (in the Financial Aid area).

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|---|------------|
| Name (Please Print):  |            |
| CSU-Pueblo PID Number:  |            |
| Phone Number:   |            |
| Bank Name:  |            |
| Bank Account Number:  |            |
| Bank Routing Number (9 digits):   |            |
| Checking AccountSavings Account   |            |
| Please check these that apply:  |            |
| STUDENT EMPLOYMENT CHECKS (Note: Payroll direct deposit will be effective of next payroll)            | on the     |
| FINANCIAL AID DISBURSEMENTS (Financial Aid direct deposits will begin 3-7 da completion of this form. | ıys after  |
| Please attach a voided check so that we may verify the above information and sign and de              | ate below. |
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