BP #

Name:

*For Office Use only*

# *The University of Kentucky*
# *Student Direct Deposit Authorization Agreement*

**Check One:** ☐ New Request ☐ Change of Bank or Account Number ☐ Delete Authorization

**Account Type:** ☐ Checking ☐ Savings

**Please Print**

**Last Name** _____ **First Name** _____

**Student ID #** _____ **Phone #** _____

**University assigned email address** _____**@uky.edu**

I hereby authorize the University of Kentucky to deposit my excess financial aid funds or other overpayments automatically to my account at the financial institution indicated (preprinted voided check or preprinted deposit slip). I also authorize withdrawal transactions from my account in the event of an overpayment or erroneous deposit.

If you are no longer enrolled at the University, send a form to stop your direct deposit. Otherwise, if you reenroll at the University your direct deposit may still be active.

**I understand that a new authorization agreement must be completed if I change or close my account or change financial institutions.**

Signature: _____ Date: _____

**Attach a preprinted voided check for a checking account or a preprinted deposit slip for a savings account.**

**Direct Deposit cannot be processed without one of the above attached to this form.**

Please return this form along with your preprinted voided check or preprinted savings account deposit slip to:

Student Billing Services
18 Funkhouser Building
Lexington, KY 40506-0054
Attn: Direct Deposit Processing

Attach Check or Deposit Slip Here