

XAVIER UNIVERSITY OF LOUISIANA
Office of Fiscal Services
Student Accounts Department
Direct Deposit Authorization

STUDENT NAME _____ ID # _____

Address _____

DAYTIME PHONE _____ EMAIL _____

BANK NAME _____ TYPE: CHECKING _____ SAVING _____

*ROUTING/TRANSIT # _____ ACCOUNT _____

Canceling old account Yes or No (place new information in space provided above)

*Note : Failure to supply the correct routing number will cause a delay in the refunding process.

Deposit slip routing numbers do not always match the routing number on your check.

I understand that:

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