

# MISSISSIPPI UNIVERSITY FOR WOMEN

## Authorization Agreement for Direct Deposit of Refund Checks

I hereby authorize MISSISSIPPI UNIVERSITY FOR WOMEN (MUW) to initiate credit entries to my bank account indicated below at the depository financial institution named below and to credit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law. I also authorize my financial institution to make adjustments to my account for any incorrect credits/payments which may occur.

Depository (Bank) Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit Routing (ABA) number \_\_\_\_\_

Account Number \_\_\_\_\_

CHECKING

SAVINGS

This authorization is to remain in full force and effect until MUW has received written notification from me of its termination in such time and in such manner as to afford MUW and my financial institution a reasonable opportunity to act on it, or until I have been notified of MUW's, or my financial institution's, termination of this agreement.

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

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
*(Please Print)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A VOIDED check (NOT a Deposit Slip) which bears your name, the institution (bank) name, the bank routing number, and account number must be attached with the submission of this authorization agreement.**

**NOTE: If no voided check is attached or if authorization is for a savings account, bank documentation verifying the Routing Number and Account Number is required.**

Return to:  
Mississippi University for Women  
1100 College Street – MUW 1604  
Columbus, MS 39701

**Attach Voided Check Here.**