



Authorization for Direct Deposit of Student Refunds

Student Name: _____ ID#: _____
(Last) (First) (MI)

Phone: _____ Email Address: _____

Account Type: Checking Savings

Routing Number (9 Digits): _____

Account Number: _____

I certify that the information provided on this form is correct and that I am an authorized signer or designate of the account provided for direct deposit transactions and am entitled to provide this authorization. I hereby authorize Ohio Northern University (ONU) to initiate electronic credit entries and, if necessary, debit entries or adjustments to correct any deposit errors to my checking or savings account at the financial institution listed above. It is my responsibility to verify payments have been credited to my account and ONU assumes no liability for overdrafts for any reason. This authority is to remain in full force and effect until ONU has received written notification from me of its termination in such time and in such manner as to afford ONU and the financial institution named above a reasonable opportunity to act on it.

Student Signature: _____ Date: _____

Processed by Controller's Office: _____