RADFORD UNIVERSITY

Office of the Bursar

Direct Deposit Enrollment Form

(For Excess Student Account Refunds)

*****You do not need to fill out a new form unless your account has changed*****

Student Name _____ _____ ____ RU ID# _____
Last First M.I.

Mailing Address _____ _____ _____ _____
Street City State Zip

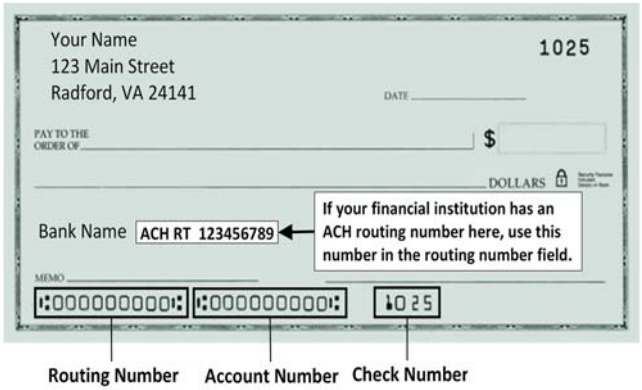
Phone Number _____ Email Address _____

Financial Institution: _____

Account Type: Checking ☐ Savings ☐

Routing(ABA) #: _____

Account #: _____



****It is recommended you attach to this form a voided check or letter from your financial institution with the required routing number and account number for direct deposit. Your name and address must appear on the check or letter.**

☐ Are you currently or expect to be employed by Radford University?

I hereby authorize and request Radford University to deposit my excess Student Account refunds and/or other reimbursements (net pay amount each payday) to my checking or savings account indicated above. I authorize, if necessary, debit entries and adjustments for any credit entries made by the university in error to my checking or savings account.

I understand that in the event Radford University notifies my financial institution that I am not entitled to funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I agree to notify Radford University immediately of any changes to this information so that my refund(s) may be properly distributed. This authority is to remain in full force and notification from me of its termination in such time and in such manner as to afford Radford University and the financial institution a reasonable opportunity to act on it.

Student Signature: _____ Date: _____

The completed form can be submitted by one of the following methods:

Online: Secure Upload

Fax: *540-831-5501*

Mail or in Person: *P.O. Box 6922*
Heth Hall, Fairfax Street
Radford, VA 24142

For Office Use Only:

Date Entered: *Entered By:* *Verified By:*