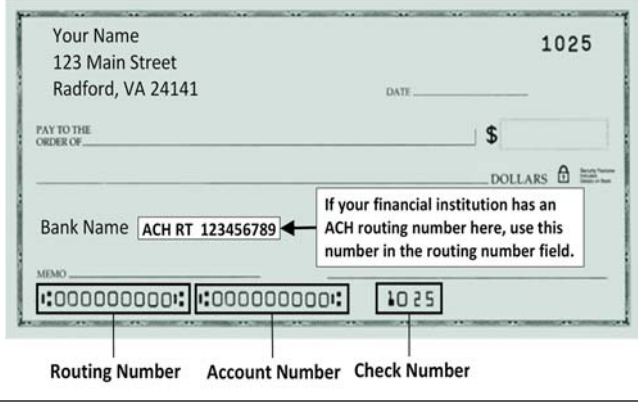


# RADFORD UNIVERSITY

## Student Direct Deposit Enrollment Form

(For Payroll Disbursements and Student Account Refunds)

*A new form is unnecessary unless your account information has changed.*

Student Name _____ RU ID# _____ <small>Last First M.I.</small>	
Mailing Address _____ <small>Street City State Zip</small>	
Phone Number _____	Email Address _____
Please check one of the following: <input type="checkbox"/> New Direct Deposit <input type="checkbox"/> Account Change (the previous account will be deleted)	
Financial Institution: _____	
Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
Routing(ABA) #: _____	
Account #: _____	
<b><i>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.</i></b>	

I hereby authorize and request Radford University deposit my payroll and student account funds 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.
- that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the funds to me until the funds are returned to Radford University by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point, I establish a standing order for my receiving bank to forward the full deposit to a bank in another country, I will inform my employing agency immediately.

I agree to notify Radford University immediately of any changes to this information so disbursements 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** (save form, and then upload):

**Fax:** (540) 831-5501

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

**Secure Upload**

**For Office Use Only:**

Date Entered:

Entered By:

Verified By: