

[Please understand the prenote process could take up to two weeks to be completed by both financial institutions.]

**A.T. STILL UNIVERSITY OF HEALTH SCIENCES  
AUTHORIZATION FOR DIRECT DEPOSIT OF STUDENT REFUND**

Please return form to;  
ATSU Controller's Office  
800 W. Jefferson,  
Kirksville, MO 63501  
Or Fax to 660-626-2483 or e-mail to controllers@atsu.edu  
Phone: 1-866-626-2878 ext. 2484

(PLEASE PRINT LEGIBLY.)

\_\_\_\_\_ **YES!** I would like to have my refund direct deposited to my checking or savings account. *(please fill out the form below)*  
Please include a copy of a voided check with this form.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

*I (we) hereby authorize ATSU to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) bank account indicated below and the bank named below to credit/debit the same to such account. I (we) understand the prenote process could take up to two weeks to be completed with both financial institutions.*

**FINANCIAL INSTITUTION INFORMATION:**

NAME OF BANK \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ABA NUMBER OF YOUR FINANCIAL INSTITUTION \_\_\_\_\_  
(9 digits on bottom left of check, not from deposit slip.)

ACCOUNT NUMBER TO BE USED \_\_\_\_\_

TYPE OF ACCT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

BANK'S PHONE# \_\_\_\_\_

*This authority is to remain in full force and effect until the ATSU Controller's Office has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ATSU and the financial institution a reasonable opportunity to act on it. I (We) will be held accountable for any bank fee charges resulting from inaccurate transfer information provided. My (Our) signature(s) below indicate agreement with the above terms and conditions for automatic deposits.*

NAME(S) ON ACCOUNT \_\_\_\_\_

SIGNATURE 1 \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

SIGNATURE 2 \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

ATSU takes responsibility to protect the privacy and confidentiality of our students' information seriously. We maintain safeguards to store and secure information about you from unauthorized access, alteration, and destruction.