BP # _____

Name: _____

For Office Use only

University of Kentucky
Student Direct Deposit Authorization Agreement

Check One: ☐ **New Request** ☐ **Change of Bank or Account Number** ☐ **Delete Authorization**

Account Type: Checking

Please Print

Last Name _____ **First Name** _____

Student ID # _____ **Phone #** _____

University assigned email address _____**@uky.edu**

I hereby authorize the University of Kentucky to deposit my excess financial aid funds or other overpayments automatically to my account at the financial institution indicated (preprinted voided check). I also authorize withdrawal transactions from my account in the event of an overpayment or erroneous deposit.

If you are no longer enrolled at the University, send a form to stop your direct deposit. Otherwise, if you reenroll at the University your direct deposit may still be active.

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

Signature: _____ Date: _____

Direct Deposit cannot be processed without a preprinted check marked "VOID" attached to this form.

Please return this form along with your preprinted voided check to:
(Fax copies are not accepted.)

Student Account Services
18 Funkhouser Building
Lexington, KY 40506-0054
Attn: Direct Deposit Processing