



STUDENT DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize DePauw University and the financial institution listed below to deposit any amounts owed me to the account listed below. In the event that DePauw University deposits funds in error, I authorize a debit from the account not to exceed the original amount that was in error. This authorization will remain in effect until written notice is received by

account listed above.

*****A void check or notice from the bank containing the routing number and account number is required with this form.**

 

Memo _____
