



Office of Accounting  
Student Accounts  
Tel: (626) 571-8811 ext123  
Email: jennyb@uwest.edu

## ACH Authorization/Direct Deposit Form

I (we) hereby authorize **University of the West** to initiate entries to my (our) checking or savings accounts at the Financial Institution (domestic bank only) listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **University of the West** is notified by me (us) in writing to cancel it in such time as to afford **University of the West** and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NOTE: If student fails to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or the payment may be erroneously transferred electronically.

PRINT Student's Legal Name ( <i>Please print name as it appears on the bank account</i> )	
Student ID Number	Phone Number
Mailing Address	
Name of Financial Institution	
Routing/ Transit Number	
Account Number	Account Type ( Checking or Saving )
Amount or Maximum Amount: Varies	
Frequency: On Demand	
Authorized Signer	Date

### Instructions:

1. Complete the form, read information, sign, and date.
2. Attached a copy of voided check.
3. Submit the completed form to the Accounting Office, Student Accounts.
4. Please allow 14 days for your account to be set up.

August 2022