

SOUTHERN ARKANSAS UNIVERSITY

Financial Aid Refund

Direct Deposit Authorization Form

Name (please print) _____ Social Security # _____
Student ID # _____
Phone # _____

Check Where Applicable:

Initial Account: _____ Change of Bank or Account: _____

Checking or Savings Account: A voided check or savings slip **MUST** be attached

Bank Name: _____ Bank Location: _____
Routing# _____ Bank Account# _____

I hereby authorize and request SAU to have my excess financial aid deposited directly to my checking or savings account as indicated above. I also authorize SAU to initiate such debit entries to said account as may be required to correct any erroneous entries to make necessary adjustments. This authority is to remain in full force and effective as long as I am enrolled as a student at Southern Arkansas University.

Signature: _____ Date: _____

ATTACH VOIDED CHECK OR SAVINGS ACCOUNT SLIP

Please Return To:
Southern Arkansas University
Office of Student Accounts
PO Box 9411
Magnolia, AR 71754

Or fax to: 870-235-5089