

# Business and Finance Division

SAINT LOUIS UNIVERSITY

Central Processing Center  
3545 Lindell Blvd, 3<sup>rd</sup> Floor  
St. Louis, MO 63103

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## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Remittance Email: \_\_\_\_\_

A blank, voided check OR a letter from/on your bank's letterhead stating the bank routing number, account name and number may be attached.

Cancellation of your direct deposit must be made in writing. If any of your bank account numbers or Transit numbers change, it will be necessary to complete a new Direct Deposit Authorization Agreement.

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### ACCOUNT FOR DEPOSIT (US BANKS ONLY)

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking; \_\_\_\_\_ Savings; \_\_\_\_\_ Money Market; \_\_\_\_\_ Other: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We hereby authorize Saint Louis University to initiate credit entries to the account indicated above.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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