



Authorization Agreement for Direct Deposits

Cashier's Office • 7502 Fondren Road • Houston, Texas 77074 • Tel 281-649-3471 • Fax 281-649-3017

Submit forms to Cashier's Office in Atwood II – Room 112

I hereby authorize Houston Baptist University to initiate credit entries (deposits) to the account indicated below and the depository named below to credit the same to such account. I understand that there is a possibility that my first refund check may not be a direct deposit and it is my responsibility to verify the account.

Student's Last: _____ First: _____ MI: _____

HBU H#:

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Type of Account (Check One)

Checking

Savings

Name of Bank: _____

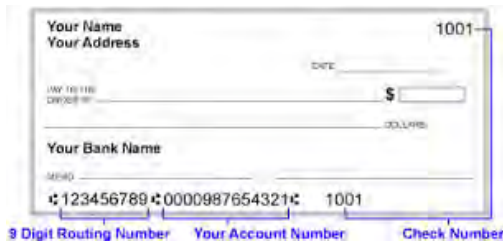
City & State: _____

Bank Transit/Routing Number:

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Account Number:

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Please provide at least a ten day notice when closing or changing bank accounts to insure money is deposited correctly

Signature: _____

Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.