

XAVIER UNIVERSITY OF LOUISIANA  
Office of Fiscal Services  
Student Accounts Department  
Direct Deposit Authorization

STUDENT NAME \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BANK NAME \_\_\_\_\_ TYPE: CHECKING \_\_\_\_\_ SAVING \_\_\_\_\_

\*ROUTING/TRANSIT # \_\_\_\_\_ ACCOUNT \_\_\_\_\_

***Canceling old account      Yes or      No (place new information in space provided above)***

\*Note : Failure to supply the correct routing number will cause a delay in the refunding process.

Deposit slip routing numbers do not always match the routing number on your check.

I understand that:

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