

## CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize Martin University to initiate entries to my checking/savings accounts at the financial institutions listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Martin University is notified, by me, in writing, to cancel it in such time as to afford Martin University and the financial institution a reasonable opportunity to act on it. All new or updated forms must be **submitted 7 business days prior to deposit activity.**

Name of Financial Institution: \_\_\_\_\_

Branch of Financial Institution: \_\_\_\_\_

Name of Student (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Financial Institution Routing Number (must be 9-digit number): \_\_\_\_\_

(Circle One) Checking/Savings Account Number: \_\_\_\_\_

**There will be a \$12 service fee for any returned deposits. Returned deposits will be processed by check and mailed to the student at the address on file with the Registrar.**

Sign: \_\_\_\_\_ I have read and understand the fees and requirements for the processing of the direct deposit.

Bursar information: Received by: \_\_\_\_\_

Student account number: \_\_\_\_\_ Date received: \_\_\_\_\_