

**UNIVERSITY OF NEW ORLEANS**

**Attn: Bursar  
2000 Lakeshore Dr  
New Orleans, LA 70148**

**AUTHORIZATION FOR "ELECTRONIC DEPOSIT"**

\_\_\_ New Application for Electronic Deposit

\_\_\_ Change of Account Number or Bank

I, \_\_\_\_\_, hereby authorize the University of New Orleans to "Electronically Deposit" my funds on a date specified by the University. It is understood that this banking procedure is a courtesy extended by the University of New Orleans and is limited to one bank account per student, faculty, or staff member. (Please circle applicable relationship to the university.) It is also understood that it is my sole responsibility to notify the University of my bank account information as well as any changes made to my bank account. In the event of an error in the credit entry, the correction of which requires that a reversing (debit) entry be made; I hereby authorize the Depository Institution to initiate such a debit entry in the amount of the error to my account.

**Student's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Student Identification Number:** \_\_\_\_\_

**Campus Extension or Other Contact Number:** \_\_\_\_\_

**Attach Voided Check to Verify Bank Information and Complete the Following**

**Financial Institution Name** \_\_\_\_\_

**Financial Institution ABA (Routing) Number:** \_\_\_\_\_

**Account Number:** \_\_\_ **Checking** \_\_\_ **Savings** \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**