Authorization Form for Direct Deposit

Date: _____________________ ID# @___________________

Please complete the section (s) below so that all funds can be deposited into the designated account.

I______________________________ authorize Howard University to initiate credits/debits to the (Student Name) designated checking/savings account.

If monies to which I am not entitled are deposited to my account, I authorize Howard University to direct the financial institution to return said funds. If funds aren’t available for reversal, it’s my responsibility to return funds to Howard University.

This direct deposit authorization will remain valid and on a student’s account until graduation. If any bank account changes/closures are made please submit a new form with an updated void check or a direct deposit signup sheet.

_________________________________________ ___________________ __________________
Student Signature Date Contact Number

If there’s a Parent Plus Loan included in aid, the parent MUST give authorization for direct deposit.

I______________________________ authorize Howard University to initiate credits/debits to my (Parent Name) designated checking/savings account.

_________________________________________ ___________________ __________________
Parent Signature Date Contact Number

*** Howard University should be notified of any changes to your bank account immediately.***

A VOID CHECK OR YOUR BANK’S DIRECT DEPOSIT SIGN-UP FORM MUST BE ATTACHED TO THIS FORM IN ORDER TO BE PROCESSED. FORMS WITH BANK INFO ATTACHED WILL NOT BE PROCESSED.

You may return the Direct Deposit Form by utilizing any of the following options:

(1) By Mail, send forms to: (2) By Fax (3) Drop Off:
Office of the Assistant Treasurer 202-806-9533 Cashier’s Office
Howard University Room 115, located on the 1st floor
2244 10th Street, NW Suite 402 of the Administration Building
Washington, DC 20059