

**BLOOMSBURG UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION FOR
TEACHER COOP/PRACTICUM PAYMENTS**

Name _____
Address _____

Social Security Number _____

I hereby authorize the Bloomsburg University Accounts Payable Office to (check all applicable)

START _____
STOP _____
CHANGE _____

Total Teacher COOP/Practicum payments to the Financial Institution listed below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Bloomsburg University Accounts Payable Office will notify you if the institution you choose does not qualify.

Financial Institution's Name _____

Routing Transit Number * _____

Account Number * _____

Type of Account (Checking or Savings) _____

*See page 2 for information on how to locate your check's routing transit number and account number

Effective Date _____

I have an established account at the Financial Institution indicated above, and authorize Bloomsburg University to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account (s) indicated above. I have provided a copy of a voided check or a deposit slip (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. My authorization will remain in effect until revoked by me in writing or I terminate my association with Bloomsburg University.

Date _____ Signature _____

Co-Signature (If Joint Account) _____

JOHN Q. CUSTOMER
1234 ANYWHERE LANE
SMALL TOWN, GA 12345

Date _____

0123

Pay To The Order Of _____ \$ _____

Dollars

Memo _____

⑆012345678⑆ 0123456789⑆ 0123

Routing Transit Number
012345678

Account Number
0123456789

Check #
0123