



Direct Deposit Form

New Enrollment Updated Banking Information Updated Address

I _____ authorize West Liberty University and United Bank to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account Savings Account

to distribute my student refund as required from time to time by previous agreement, to the below Receiving Bank checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford United Bank time to act on it.

FINANCIAL INSTITUTION _____

ROUTING TRANSIT/ABA NUMBER _____ - _____ - _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SIGNATURE _____ **DATE** _____

Attach Voided Check Here:

(note: a voided check is not required to process ACH but ensures accurate account information is collected)

1936

VOID VOID

PAY TO THE ORDER OF _____ DATE _____

FOR _____ DOLLARS

⑆000000186⑆ 000000529⑆ 1000

SECURITY FEATURES