



# WEST LIBERTY UNIVERSITY

## Direct Deposit Form

New Enrollment

Updated Banking Information

Name on Checking/Savings Account: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Last four of Social Security #: \_\_\_\_\_

Consent:

I agree

To distribute my student refund as required 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.

I agree

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 or savings account as indicated below:

Type of Account (Select Only One)

Checking

Savings

Banking Information

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Routing/Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Date:

This form **cannot be emailed**. It can be brought into the Business Office located on the third floor of Shaw Hall. The form can also be mailed to:

West Liberty University  
Business Office, CUB 109  
208 University Drive, West Liberty, WV 26074

or faxed to: (304) 336-8312

West Liberty University will not keep a copy of this form after uploading it to the bank