Ball State University

Parent Plus

Direct Deposit of Accounts Payable
Authorization Agreement Form

Section 1: Vendor Information

Section 2: Financial Institution Information

Vendor name	Financial Institution name
Vendor address	Financial Institution address
Name/Title of contact	Title of Account
E-mail address	Type of depositor account □ Checking □ Savings
E-mail notification of EFT □ Yes □ No	Account number
Phone number-	Bank routing number (Must be nine digits) □□□□□□□□□
Student name	BSU student identification number

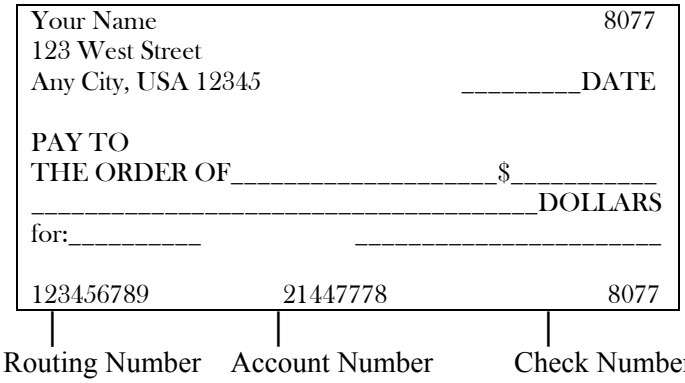
I hereby authorize Ball State University to initiate electronic credit entries, necessary debit entries, adjustments, or to correct any deposit errors to my checking or savings account at the financial institution indicated above.

This authority is to remain in full force and effect for the current academic year only. I understand my banking information will be deleted from Ball State's system at the end of the current academic year. **I understand it is necessary for me to complete a separate Direct Deposit Authorization Agreement Form each academic year.** To terminate this agreement prior to the end of the academic year I must send written notification requesting termination in such time and in such manner to afford Ball State University and the financial institution named above a reasonable opportunity to act on it.

Name_____

Signature_____ Date_____

Please mail or fax the completed form to:
Ball State University
Office of Accounting AD G04
2000 W. University Ave.
Muncie, IN 47306
Fax: (765) 285-1947



*In some cases, the order of the checking account number and the check number is reversed.