

**Ball State University**  
**Parent Plus**  
 Direct Deposit of Accounts Payable  
 Authorization Agreement Form

Section 1: Parent Information

Section 2: Financial Institution Information

Parent name	Financial Institution name										
Parent address	Financial Institution address										
E-mail address	Type of depositor account <input type="checkbox"/> Checking <input type="checkbox"/> Savings										
E-mail notification of EFT <input type="checkbox"/> Yes <input type="checkbox"/> No	Account number										
Phone number-	Bank routing number (Must be nine digits) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
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

Your Name	8077
123 West Street	
Any City, USA 12345	_____DATE
PAY TO	
THE ORDER OF _____	\$ _____
	_____DOLLARS
for: _____	
123456789	21447778
	8077

|
|
|  
 Routing Number    Account Number    Check Number

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