

Office Use: _____ Parent UID
_____ Date Processed

University of Northern Iowa Parent Plus Loan Direct Deposit Authorization

Select One: New Authorization Bank Account Change Cancellation

STUDENT INFORMATION (REQUIRED)

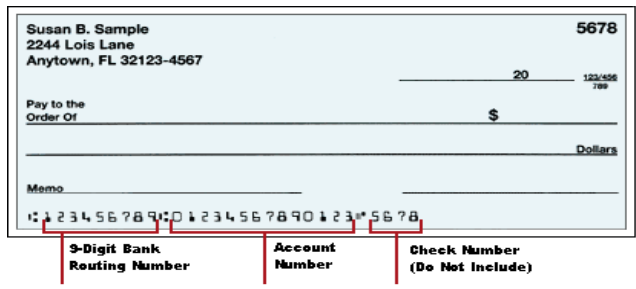
Last Name	First Name	MI	UID Number

PARENT INFORMATION

Last Name	First Name	MI	Social Security Number

By signing this form I hereby authorize the University of Northern Iowa to deposit my refund of excess financial aid and/or tuition/fees via direct deposit and I authorize the bank to credit my account for this amount. I also authorize the University to correct any errors that may occur from these transactions and will hold them harmless from any loss suffered. I must allow ten (10) business days for the university to process this authorization.

This authority is to remain in full force and effect until the end of my enrollment or the University of Northern Iowa has received written or electronic notification from me of its termination in such time and in such manner as to afford the University of Northern Iowa and the financial institution(s) named below a reasonable opportunity to act on it.



Financial Institution (bank, credit union, etc.) _____

City, State and Zip _____

Routing # _____ Account # _____

Account Type: Checking Savings

Parent Signature _____ Phone Number _____ Date _____

CANCELLATION (this is only to stop an existing direct deposit authorization)

I hereby cancel the authorization for University of Northern Iowa to originate direct deposit to my bank account. I understand that subsequent refunds of financial aid or tuition/fees will be made via paper check.

Parent Signature _____ Date _____

Please return this signed and completed form with a voided check to the Office of Business Operations 103 Gilchrist Hall Cedar Falls, IA 50614-0008. Questions? Call 319-273-2164 or email student.accounts@uni.edu.