



Student Request and Authorization for Direct Deposit

Student Name: _____ S.S #: _____

I requested and authorize the Budget and Accounting Department of the Business Office of Texas Chiropractic College to deposit funds electronically (direct deposit) into the bank and account as indicated below. Please attach a voided blank check if necessary.

Bank Name: _____

Bank (transit routing number, ABA) #: _____

Account # _____

Checking Account ____ or Savings Account ____

I understand that I have the right to revoke this request and authorization at any time. I request and authorize the Budget and Accounting Department of the Business Office at Texas Chiropractic College to withdraw (debit adjustment) funds electronically for deposits made in error.

Student Signature: _____ Date: _____