



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 from time to time 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 faxed to: (304) 336-8312 or mailed to: West Liberty University, CUB 109, 208 University Drive, West Liberty, WV 26074 or brought into the Business Office at West Liberty University in person. Third Floor of Shaw Hall.

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