



# FRONTIER NURSING UNIVERSITY

## Direct Deposit Enrollment/Authorization Form

<b>Check one box only</b>	<input type="checkbox"/> Activate Direct Deposit	<input type="checkbox"/> Change Bank Account
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The following confidential information is used to ensure proper identification.

### Student Information (Please Print)

<b>Name: First</b>	<b>Middle Initial</b>	<b>Last</b>
<b>Street Address (no PO BOXES, please)</b>		<b>Country:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Student ID#:</b>	<b>Phone Number:</b>	<b>Date of Birth (MM/DD/YYYY)</b>

### Student Authorization

I hereby authorize Frontier Nursing University, Inc. to electronically deposit all federal, state, institutional, and private financial aid funds into my personal bank account at the financial institution provided. Frontier Nursing University, Inc. will deduct tuition and debts due to the University before transferring the balance of my financial account. I will verify all deposits with my bank prior to writing checks from those proceeds. If I change my bank or account number, or close my account, I agree to submit a new direct deposit authorization form to Frontier Nursing University, Inc. I understand that I may revoke this authorization at any time by notifying Frontier Nursing University, Inc. in writing at least five business days before the scheduled transfer of funds.

Name of Financial/Banking Institution: \_\_\_\_\_

<b>Student Signature</b>	<b>Date</b>

\*\*\* Attach voided check here \*\*\*

(Check must include your pre-printed name and address)

IMPORTANT: Temporary checks or deposit slips cannot be accepted as they may not contain the correct information. If you do not have checks, you may submit a letter from your banking institution with the necessary account information.

Select Account Type:  Checking  Saving

Note: the information requested is necessary to identify your account and your financial institution's routing number.

<b>For Internal Use Only</b>	<b>Return completed form to FNU, Inc.:</b>	<b>Originals are not necessary</b>
Date Entered: _____	Attn: Robin Smith	Originals are not necessary
Initials: _____	Email: Robin.Smith@frontier.edu	
	Fax: 859-251-4654	