

Frontier Nursing University

Direct Deposit Enrollment/Authorization Form

Check one box only	Activate Direct Deposit	Change Bank Account
The following confidential information is use	ed to ensure proper identificat	ation.
Student Information (Please Print)		
Name: First	Middle Initial	Last
Street Address (no PO BOXES, please)		Country:
_		
City:	State:	Zip Code:
Student ID#:	Phone Number:	Date of Birth (MM/DD/YYYY)
Student Authorization		
I hereby authorize Frontier Nursing University		
		titution provided. Frontier Nursing University, Inc. will
	_	e of my financial account. I will verify all deposits with
	• •	r account number, or close my account, I agree to
•	•	y, Inc. I understand that I may revoke this authorization
at any time by notifying Frontier Nursing University	ersity, inc. in writing at least five	e business days before the scheduled transfer of funds.
Name of Financial/Banking Institution:_		
Student Signature		Date
	*** Attach voided ched	l eck here ***
(Che c k	must include your pre-printe	
	The state of the s	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 acc	count and your financial institution's routing number.
For Internal Use Only	Return completed form to F	FNU, Inc:
Date Entered:	Attn: Robin Smith	Originals are not neccessary
Initials:	Email: Bursar@frontier.edu	ongmulo ale not necessary