



Employee Payroll Direct Deposit Questions: 2360
Student Refund Direct Deposit Questions: 32821
Student Refund and Billing Questions: 48635 (Option 3)

Authorization Agreement for Automated Deposits - US Financial Institution of Choice

New Authorization Change of Account Amount Change Only Temporary Cancel

Name _____ (Please Print) Beanumber _____

(Check One) Student/TA/GA Classified University Wide/Technical/Professional Faculty/Exempt

UNC Department (if employee) _____ Daytime Phone No. _____

I hereby authorize the University of Northern Colorado to make payment of any amounts owed to me by initiating credit entries to the account listed below. I understand and agree that if an erroneous credit is made to my account that the University and financial institution are authorized to stop payment, reverse the entry, or make any adjustments necessary to my account to correct the erroneous entry. I understand that this authorization will remain in effect until I have cancelled it in writing.

If UNC is