



**SHILOH**  
UNIVERSITY.

**UNIVERSITY BILLING  
OFFICE**

## **Authorization for Direct Deposit of Excess Student Aid**

Shiloh University strongly recommends that all students and parents set up direct deposit in order to receive excess financial aid funds and credit balances in a timely manner. Complete the information below to ensure timely deposit of excess aid to your preferred financial institution. Any bank account information provided by your parent (if applicable) is separate and cannot be used to authorize the direct deposit of your aid refund.

Student Name:

Student ID (#####):

### **Direct Deposit Authorization:**

I hereby authorizing Shiloh University (hereinafter called Company) to initiate credit entries to my account indicated below, and the depository financial institution named below (hereinafter called Depository) to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.

Depository Name:

Branch:

City:

State:

Zip Code:

Routing Number:

Account Number:

Select Account Type:       Checking Account       Savings Account

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Borrower Name:

Physical Address:

Borrower Phone Number:

Borrower email:

Borrower Signature:

Today's Date:

### **Please include a Voided Check with your Authorization**

Email scanned form (must be signed) to [su-billing@shilohuniversity.edu](mailto:su-billing@shilohuniversity.edu) or mail your signed original application to: Billing Office, Shiloh University, 100 Shiloh Drive, Kalona, IA 52247