

**Direct Deposit Authorization**  
**University of Colorado Denver**  
**Bursar's Office**  
**13120 East 19th Avenue, Campus Box A098**  
**P.O. Box 6511**  
**Aurora, CO 80045**

Please print or type:

Name (Last, First, Middle Initial)			
Student Number		Phone Number	
Address (Street, City, State, Zip)			
Email Address			

I hereby authorize the University of Colorado Denver to automatically deposit all credit balances from my tuition and fee account via electronic transfer of funds to my checking or savings account identified below and, if necessary, debit entries and adjustments for any credit entries in error to my bank account.

Financial Institution Name			
Financial Institution Branch Name and Address			
Financial Institution Telephone Number			
Routing Number		Account Number	
Account Type	Checking or Savings (circle one)		

***Please attach a voided check from this account if checking account***

This authorization will remain in effect until the UCD has received written notice from me of its termination in such time and manner as to afford it and its financial institution reasonable time to act on it.

I understand that:

- The deposit will show on my bank account 24 to 48 hours after transmittal;
- I should contact my financial institution to verify receipt of funds;
- A new authorization must be completed if I change my account, close my account, or change financial institutions;
- I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. law.

I also understand that I cannot cancel this authorization through any third parties, including my financial institution, but must cancel this authorization directly with the UCD Bursar's Office.

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Student Signature

\_\_\_\_\_

Date