

 **IU Foundation Direct Deposit Authorization Form**

Name (Please print) _____

E-Mail Address (Required)_____

I hereby authorize Indiana University Foundation to START depositing reimbursements owed to me into my bank account as shown below.

I hereby authorize Indiana University Foundation to STOP depositing reimbursements owed to me into my bank account as shown below.

My banking information has changed; please change my account information as shown below:

Name of Bank_____

City_____ State_____ Zip _____

Type of Account: Checking_____Savings_____

Routing Number_____ (Nine digits)

Bank Account Number_____

I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for direct deposit transactions and am entitled to provide this authorization. I hereby authorize Indiana University Foundation to initiate credit entries to the account and financial institution listed above. I further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in full force and effect until Indiana University Foundation has received written notification from me of its termination in such time and manner as to afford Indiana University Foundation and the depository financial institution a reasonable opportunity to act on it.

I acknowledge that the origination of Electronic Fund Transfer transactions to my account must comply with the provisions of U.S. Law. This authorization may be discontinued only by my written request.

Signature_____

Campus Phone_____ Date_____

**DO NOT ATTACH TO IUF CHECK REQUEST or E-DOC. Return by Mail or Fax:
IU Foundation, Compliance & Disbursement Services, PO Box 500, Bloomington, IN 47402.
Fax: IU Foundation, Compliance & Disbursement Services, 812-855-3877.**

If you have any questions or are faxing this form, please contact IUF Compliance & Disbursement Services: 812-855-3144 or 812-855-6301.