Work-Study Direct Deposit Form

The University of the Arts

Office of Student Financial Services

Authorization Agreement:

I hereby authorize the University of the Arts to initiate automatic deposits to my account(s) listed at the financial institution named below. I also authorize the University of the Arts to make withdrawals from this account(s) in the event a credit entry is made in error.

Further, I agree not to hold the University of the Arts responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution as well as for any error made by my financial institution while depositing funds or performing other transactions to my account.

This agreement will remain in effect until the University of the Arts receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Student Financial Services.

I understand that the University is obligated to deposit my funds on each published pay date only and is not responsible for posting variances of my financial institutions. I understand that **it will take at least TWO payroll cycles before my direct deposit is confirmed** and this may vary depending upon time of form submission and payroll cycle. This means that I will receive one live payroll check after submitting this form and the following paychecks will be directly deposited until I cancel the option.

Bank Account Information:

Student's Full Name:_____ Student ID#_____

Name of Financial Institution:_____

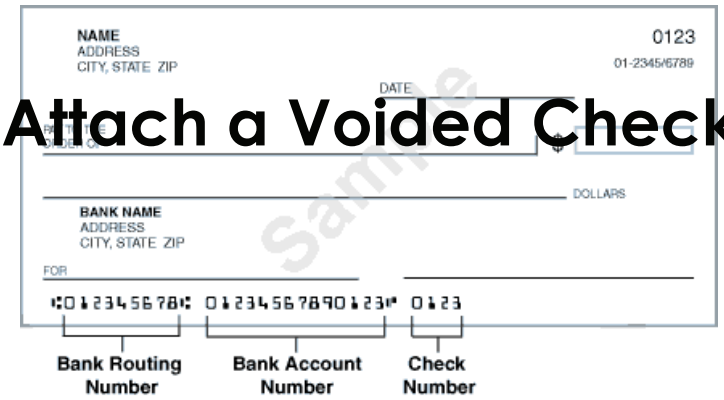
Routing Number (9 Digits):_____

Account Number:_____

Amount to Deposit (Full Check):_____

Checking ☐ Savings ☐

Signature:_____ **Date:**_____



Fax 215-717-6178 Email: finaid@uarts.edu Mail: Student Financial Services, 320 S Broad St., Philadelphia PA 19102