

**BLOOMSBURG UNIVERSITY  
DIRECT DEPOSIT AUTHORIZATION FOR  
TEACHER COOP/PRACTICUM PAYMENTS**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

I hereby authorize the Bloomsburg University Accounts Payable Office to (check all applicable)

START \_\_\_\_\_  
STOP \_\_\_\_\_  
CHANGE \_\_\_\_\_

Total Teacher COOP/Practicum payments to the Financial Institution listed below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Bloomsburg University Accounts Payable Office will notify you if the institution you choose does not qualify.

Financial Institution's Name \_\_\_\_\_

Routing Transit Number \* \_\_\_\_\_

Account Number \* \_\_\_\_\_

Type of Account (Checking or Savings) \_\_\_\_\_

\*See page 2 for information on how to locate your check's routing transit number and account number

Effective Date \_\_\_\_\_

I have an established account at the Financial Institution indicated above, and authorize Bloomsburg University to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account (s) indicated above. I have provided a copy of a voided check or a deposit slip (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. My authorization will remain in effect until revoked by me in writing or I terminate my association with Bloomsburg University.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Co-Signature (If Joint Account) \_\_\_\_\_

JOHN Q. CUSTOMER  
1234 ANYWHERE LANE  
SMALL TOWN, GA 12345

Date \_\_\_\_\_

0123

Pay To The  
Order Of \_\_\_\_\_ \$ \_\_\_\_\_

Dollars

Memo \_\_\_\_\_

⑆012345678⑆ 0123456789⑆ 0123

**Routing Transit Number**  
012345678

**Account Number**  
0123456789

**Check #**  
0123