



## Change in Account Information

### DIRECT DEPOSIT AUTHORIZATION

STUDENT ID#: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Savannah Law School to initiate credit entries for sums to and payable to me from excess financial aid to my checking, savings or other account indicated below and the Financial Institution named below. I also authorize SLS to initiate debits for sums due to the Law School for erroneous deposit or deposits at my Financial Institution.

**Please complete legibly AND attach documentation of your routing and account number. SLS is not responsible for errors due to illegible handwriting.**

Bank Name \_\_\_\_\_

Bank Transit ABA No. \_\_\_\_\_

Bank Account No. \_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Money Market \_\_\_\_\_

Other \_\_\_\_\_

Please specify: \_\_\_\_\_

This authorization is to remain in full force and effect until SLS has received written notification from me of its termination or until I am no longer a student at SLS.

Student Name: (Please print) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENTATION OF YOUR ACCOUNT AND  
ROUTING NUMBERS MUST BE ATTACHED!!!!!!**

**\*\*\*Failure to attach documentation will delay receipt of refund\*\*\***

- *You can use a letter from your banking institution or a voided check.*
- *Your student ID number must be entered above.*