Kansas State University
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (Direct Deposit) OF EXCESS FINANCIAL AID AND TUITION/FEES REFUND

## **PARENT LOANS ONLY**

Select One: ( ) New Authorizat	ion ( ) Bank Account Number (	Change ( )	Cancellation	
IMPORTANT: A preprinted VOIDE				
(No photocopies are allowed. Failure to a EFT may only be made into an account w	•		· · · · · · · · · · · · · · · · · · ·	
proceeds can only be electronically trans				
owner.	·	( )		
STUDENT INFORMATION (REQ		<b>,</b>	<del>_</del>	
Last Name	First Name	MI	Student ID Number	
PARENT INFORMATION				
Last Name	First Name	MI	Social Security Number	
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PARENT INFORMATION  Last Name	First Name	MI	Social Security Number	
Dase I wille	THE TAME	1,11	Social Security (united)	
AUTHORIZATION	Wanna Ciata Hai and ta dan di			
By signing this form I hereby authorize tuition/fees via Electronic Funds Trans	· · ·	•		
also authorize the University to correct	. ,	•		
harmless from any loss suffered. I mus				
Notification of an EFT deposit will be	` '		TO COUNTY WAS WAS AND THE COUNTY OF THE COUN	
*	remain in effect until canceled or o		ting by me.	
Parent Signature (Parent Plus Proceeds On	ly) Phone Number		Date	
Parent Signature (Parent Plus Proceeds On	ly) Phone Number		Date	
	· · · · ONING A	D (I	`	
(Parent EFT author	ization is ONLY for the proceeds fro	om a Parent Lo	an.)	
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CANCELLATION (ALS: 3				
<b>CANCELLATION (this is only to</b> I hereby cancel the authorization for Kansa			er denocite to my	
checking account. I understand that subseq				
			ar a paper enten.	
Signature	Date			

Please return or mail this signed and completed form to the Cashiers Office, Kansas State University, 211 Anderson Hall, 919 Mid-Campus Dr. North, Manhattan, KS 66506. Questions? Call (785)-532-6317'qr email <u>cashiers@ksu.edu</u>.