



Student Direct Deposit Authorization Form

Please use this form to share your direct deposit information with the business office. Please note, all fields must be answered otherwise the form is not complete.

***** Please DO NOT email this document. *****

Please upload it to [your Financial Aid tab in Populi](#) using the “add” link of the “Files” section on the right side of the page

Student Information:

Name: _____

Date of Birth: ____/____/____ Last four digits of SS#: _____

Deposit Account Details:

Please print clearly and legibly. Please double check all information for accuracy.

Name on the Account: _____

Address on the Account: _____

Bank/Institution Name: _____

Bank/Institution Address: _____

Bank Routing Number (ABA #): _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Please attach voided check or a letter from your financial institution stating routing and account number. This is a required component for Direct Deposit. If you are unable to provide one of these, please contact the Financial Aid Office before submitting this document.

I authorize Meadville Lombard Theological School (MLTS) to deposit funds into the above institution to the account specified above. In case of an error, I authorize MLTS to direct the financial institution to return the funds to MLTS.

Student's Signature: _____ Date: _____