



Student Direct Deposit Agreement Form

I hereby authorize **Unity College** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Unity College** to debit my account for the purpose of correcting an erroneous credit entry initiated by **Unity College** provided that I have received written notification of such correction and the reason thereof.

Further, I agree not to hold **Unity College** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Unity College** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

This agreement is authorized for Work-Study Payroll Student Refund(s) Both

This is a New Direct Deposit Replacing current

Account Information

Name of Financial Institution: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

Authorized Signature: _____ Date: _____

Name (Please Print): _____ Date: _____

You MUST provide verification by attaching a voided check or obtaining a letter from your bank listing the routing and account number.

Please return form to the Business Office or fax it to 207-512-1160

Incomplete requests will not be processed.

Questions should be directed to **Randi Robinson, Accounts Payables\Payroll Specialist** at rrobinson@unity.edu or 207-509-7248