



# ST. JOHN'S UNIVERSITY

STUDENT FINANCIAL  
SERVICES

## Authorization for Direct Deposit of Parent Loan for Undergraduate Student (PLUS)

1. Read and complete the information requested below.
2. The bank you specify must be a member of the Automated Clearing House. Contact your bank to obtain the Bank Code.
3. Determine where you want your payment deposited. You may have it deposited in any of your existing savings or checking accounts.
4. Provide details concerning your bank account.
5. For checking accounts, attach an unsigned personal check with the word "VOID" written across the face of it. Do not sign the check.
6. Return this completed agreement directly to the Office of Student Financial Services, or fax to 718-990-8284.

Please sign me up for Direct Deposit. I authorized St. John's University to deposit payments into the account named below. This authority will remain in force until I have given written notice that I have terminated it or until St. John's University has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be deposited to my account, I authorize my bank and St. John's University to make the appropriate adjustment.

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### PLEASE PRINT

Parent Name: \_\_\_\_\_ X Number: \_\_\_\_\_

Parent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Home Tel.: \_\_\_\_\_ Parent Work Tel.: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

Bank Code: | : | \_\_\_\_\_ | : | Bank Name: \_\_\_\_\_

You bank's code (ABA Number) appears at the bottom left of your check between the marks indicated.

Account Number: \_\_\_\_\_  Checking  Savings  Money Market

Branch Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_