



## Authorization for Direct deposit: Form Upload

Name on the Account: \_\_\_\_\_

Address on the Account: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Account type: \_\_\_\_\_ checking \_\_\_\_\_ savings

*The Foundation for IUP does not do automatic deposit to foreign accounts.*

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

**Please upload a copy of a voided check or bank printout for confirmation.**

Please Provide an email address where you would like notification sent to when a Direct Deposit is processed.

\_\_\_\_\_

\_\_\_\_ I authorize the Foundation for Indiana University of Pennsylvania to automatically deposit my request for disbursement payments to my bank account.

\_\_\_\_\_  
Signature:  
(Insert your electronic version or it may be typed)

\_\_\_\_\_  
Date

**DO NOT EMAIL THIS INFORMATION!**

***FIRST SAVE THIS DOCUMENT***

**YOU MAY THEN UPLOAD IT TO OUR SECURE SITE BY USING THE  
LINK BELOW!**

**[Direct Deposit Form Upload Link](#)**