Northeast Ohio Medical University

Direct Deposit Authorization Agreement

New Authorization		Change in existing authorization	
		STUDENT INFORMATION	
Legal Name (Last, First, Middle Initial)		-	Student Identification Number
Current Address:	(Street)	(City)	
	(State)	(Zi _i	p Code)
Telephone Number		Email Address	
•	•	and the DEPOSITORY named be deposit entries made in error to m	low, to initiate direct deposit entries and to ny account also indicated below.
in such time and in such understand NEOMED m	manner as to afford NEOME aintains the right to terminate	ED and DEPOSITORY a reasonable, suspend or amend the Direct De	itten notification from me of its termination, or ele opportunity to act on it. I further eposit program in whole or in part at any time.
when signing up for this	method of receiving monies,	I WIII NOTITY NEOMED OF ANY CHAN	ges in my designated account in a timely fashion.
Student's Signature			Date
	DE	POSITORY INFORMATION	l
ı		ne following that identifies itory institution transit rou	
Voided Check	Copy of	Savings Account Card	Letter from Financial Institution
Name of Financial In	stitution		Institution Transit Routing Number
Branch		-	Institution Account Number
City, State, Zip		-	
Type of Account	:	Checking Account	Savings Account

Return this authorization form and supporting documentation to the NEOMED Accounting Department by either:

USPS mail to NEOMED, Accounting Department, 4209 SR 44, Rootstown, OH 44272

Secure File Upload through Student Self-Service by:

- 1. Log onto Student Self-Service (apps.neomed.edu)
- 2. On the main page, select All Users
- 3. Select the Secure Document Upload.
- 4. Select the ACCT Direct Deposit Authorization option. Upload the Direct Deposit Authorization and supporting documentation, preferably combined into one file. If this cannot be done, you will need to submit one document per upload.