

SOFC Direct Deposit Form

Student Organization Finance Center Direct Deposit From

Student Information:			
Name:		UIN:	_
Address:			
City:	State:	Zip:	
Banking Information:			
Bank Name:			
Routing #:	Account #:		
Account Type: Checking Savings			
Email Address for ACH Notifications:			_
Will these payments be forwarded to a financial institution outside	e the United States?	Yes No	
I have signatory authorization on the above account & hereby authorize We my account as I indicate above. I acknowledge responsibility for providing or my financial institution to confirm accuracy of information. This however, I for the reversal. I further understand that if changes occur in my account, i. responsibility to contact the Student Organization Finance Center immediate	omplete & accurate information fully understand that TAMU me., switching deposit from checons.	ion on the authorization form & understand that TAMU may contact nust notify me on or before the settlement date & explain the reason	
Signature:		Date:	