Michigan State University Direct Deposit Form



I (we) authorize Michigan State University to deposit excess Student Account or Fellowship stipend funds to the account at the institution indicated below and to initiate a withdrawal from the account to adjust for deposit entries made in error. I understand that if I change banks it is my responsibility to update my banking information. I also understand in order to process my direct deposit, MSU will exchange key banking information including social security number through a secure electronic transmission.

I will not transfer the entire amount of my direct deposit from a United States financial institution to a financial institution in another country or to a foreign financial institution that has a branch office in the United States prior to contacting the Student Billing and Receivables Office.

Please note a	Change in Account:	New Account for:	
Last Name			
Phone Numb	oer		
Email			
Account Typ	pe		
Bank Name			
Bank Routing Number			
Bank Accou			
Account Holder's NameAccount Holders SS#			
student or ac		nd effect until MSU receives vis inactive for one year. PLEA	
Student Signature/D	ate		
Account Holder's Si	gnature/Date		
MAIL TO:			
Student Rilling & Receiv	pahles		

DD Program Michigan State University Hannah Administration Building 426 Auditorium Rd Rm 140 East Lansing, MI 48824