



DIRECT DEPOSIT AUTHORIZATION

Change in Account Information

I, _____, hereby authorize Atlanta's John Marshall Law School (AJMLS) to initiate credit entries for sums to and payable to me from excess financial aid to my checking, savings or other account indicated below and the Financial Institution named below. I also authorize AJMLS to initiate debits for sums due to the Law School for erroneous deposit or deposits at my Financial Institution.

Please complete legibly AND attach documentation of your routing and account number. AJMLS is not responsible for errors due to illegible handwriting.

Bank Name _____

Bank Transit ABA No. _____

Bank Account No. _____

Type of Account:

Checking _____

Savings _____

Money Market _____

Other _____

Please specify: _____

This authorization is to remain in full force and effect until AJMLS has received written notification from me of its termination or until I am no longer a student at AJMLS.

Student Name: (Please print) _____

Student Signature: _____ Date: _____

***DOCUMENTATION OF YOUR ACCOUNT AND
ROUTING NUMBERS MUST BE ATTACHED!!!!!!***