



New Direct Deposit

Change Account

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 of Social Security Number XXX-XX-	Home Phone Number
<input type="text"/>	<input type="text"/>

Financial Institution Information

Name	Phone Number
<input type="text"/>	<input type="text"/>

City, State Zip Code	Type of Account
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Financial Institution Routing #	Account Number
<input type="text"/>	<input type="text"/>

I hereby authorize **Colorado State University (CSU)** and/or **HEALTHSMART BENEFIT SOLUTIONS, INC. (HBS)** to automatically deposit my refund check into my bank account listed above; this includes authorization to correct any entries made in error. This authority will remain in effect until I notify CSU and/or HBS in writing that I withdraw my authorization. This withdrawal of authorization will be provided in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (7) days before my account is charged.

Signature

Date

