



# EDINBORO UNIVERSITY

Edinboro University

## Direct Deposit of Cooperating Teacher Payment

Cooperating Teacher \_\_\_\_\_

Home Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

I hereby authorize Edinboro University to **(circle one) Start / Change / Stop** remittance of reimbursement due to the Financial Institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Accounts will notify you if the institution you choose does not qualify.

I have an established account at the Financial Institution indicated above, and authorize the Pennsylvania State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above.

***\*\*I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. \*\****

Financial Institution's Name \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account- Checking    Savings

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_

<u>A/P Use</u>	
Account added	<input type="checkbox"/>
Account confirmed	<input type="checkbox"/>
E-mail updated	<input type="checkbox"/>