

## STUDENT TUITION DIRECT POSTING AUTHORIZATION FORM

I hereby authorize DePauw University to deposit any amounts owed to me to my Student Tuition Account. This authorization will remain in effect for the current academic year; however, may be cancelled prior with written authorization to the Payroll department.

Student Nan	ne: (please print)			
Social Secur	rity #:	Student ID #:		
Home Addre	Street number			
	City	State	Zip	
Cell Phone #:		U.B. Box #:		
Student Signature:		Date:	Date:	
C/	ANCEL deposit to Student T	uition Account		
F	Please Note: This author	orization will remain in effect for <b>T</b>	HIS academic year only.	

Please return this completed form to the Financial Aid office located in the Office of Admission or to the Payroll office located in the Office of Human Resources, Administration Building.

You MUST sign up for Student Tuition Direct Posting EVERY year.