



STUDENT DIRECT DEPOSIT ENROLLMENT/ AUTHORIZATION AGREEMENT

New Enrollment Stop Authorization Change in Bank and/or Account Information

I hereby authorize DeVry, Inc. to activate, change, or cancel direct deposit, per my selection above, with the named financial institution for the account number specified. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account or change financial institutions. I understand that a deposit to my account does not necessarily mean that I have a \$0 balance on my account. (Please print or type)

DSI: _____

Full Name: _____

E-mail address: _____

Account Information

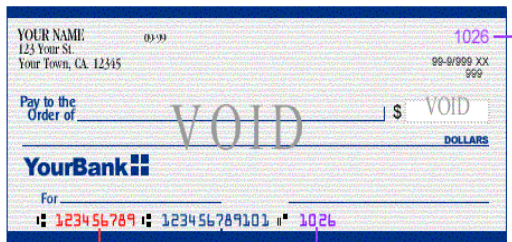
Type of Account (Check ONE): Checking Savings

Name of Financial Institution _____

ABA or Bank Routing Number (Checking only) _____

Transit Routing Number (Savings only) _____

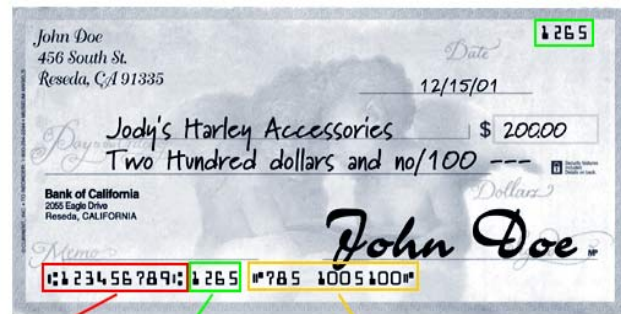
Bank Account Number _____



ABA or Bank Routing Number

Bank Account Number

Check Number



Routing Number

Check Number

Bank Account Number

Student Signature: _____ Date: _____

To submit completed form:

Fax to: (888) 513-8669

Questions and information contact Student Finance Office at 866-533-3879