

Parent-to-Student Allowance Direct Deposit Authorization Form

Student Information

Full Name

Student ID

Email

Phone Number

Parent/Guardian Information

Full Name

Relationship

Email

Phone Number

Bank Account Information (for Deposit)

Bank Name

Account Holder Name

Routing Number

Account Number

Account Type

Allowance Details

Allowance Amount

Deposit Frequency

By signing below, I authorize direct deposit of the specified allowance from parent/guardian to student as indicated above.

Parent/Guardian Signature

Date

Student Signature

Date