AUTHORIZATION TO CANCEL DIRECT DEPOSIT

I, _____, hereby authorize Loyola University to cancel
(Please Print Name)

my direct deposit to the depository institution(s) listed below.

DIRECT DEPOSIT 1

Financial Institution Name: _____ Location: _____
(City,State)

Transit Routing Number: |___|___|___|___|___|___|___|___|___|

Account Number: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

DIRECT DEPOSIT 2

Financial Institution Name: _____ Location: _____
(City,State)

Transit Routing Number: |___|___|___|___|___|___|___|___|___|

Account Number: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

SOCIAL SECURITY NUMBER: _____ EFFECTIVE DATE:_____

SIGNATURE:_____

Revised: 2/99