

**Hood Theological Seminary  
DIRECT DEPOSIT ENROLLMENT FORM  
1810 Lutheran Synod Drive  
Salisbury, NC 28144  
704-636-6023 Fax 704-636-7685**

Full Name:  
Email Address:  
Phone Number:

For Hood Seminary Office Use Only:

Student ID# \_\_\_\_\_

**New** ☐ **Change** ☐

**Student Bank Information**      **Checking** ☐      **Savings** ☐

\_\_\_\_\_  
***ABA Routing Number***

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

\_\_\_\_\_  
***Name of Account (Student must be on account)***

\_\_\_\_\_  
***Bank Name***

***Direct Deposit to a CHECKING ACCOUNT:*** As evidenced by my signature below, I hereby request and authorize any funds due to me from Hood Theological Seminary be made by direct deposit to my Checking Account or Savings Account established with (*name of bank or financial institution*).

**Attach Voided Check Here**

***I understand:***

- If I close/change my bank account, I understand that Hood Theological Seminary will not process a replacement refund until my financial institution returns the original deposit to Hood Theological Seminary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_