



APOLLO GROUP, INC

SUBSIDIARIES:

University of Phoenix, Inc.

University of Phoenix Online

Institute for Professional Development

Axia College of Western International University

College for Financial Planning

To Whom It May Concern:

Our employee has requested direct deposit to their checking and/or savings account. In order to for us to better provide this service, please provide the following information for their account(s). *Note: If the deposit is going to be made into a checking account a voided check may be attached to the Apollo Group direct deposit form in lieu of this form.*

Name of financial institution: _____

Address: _____

Phone number: ____ - ____ - _____

Client name: _____

Primary Account:

Checking/Savings account routing number: _____

(Circle one)

(Routing # must start with a 0, 1, 2, or 3 and be 9 digits long)

Checking/Savings account number: _____

(Circle one)

Secondary Account:

Checking/Savings account routing number: _____

(Circle one)

(Routing # must start with a 0, 1, 2, or 3 and be 9 digits long)

Checking/Savings account number: _____

(Circle one)

Signature of *financial representative*: _____

Date: _____

Thank you,

Faculty Payroll
Apollo Group, Inc.