

EMAIL: DirectDeposit@sgu.edu

Fax: 631-969-5880

**REFUND DIRECT DEPOSIT
STUDENT AUTHORIZATION FORM**

STUDENT INFORMATION:

This is an authorization for my direct deposit to: Start Change Cancel

_____ A00 _____
Last Name: First Name: MI: Student ID Number

_____ _____
Street: City: State: Zip: Phone #

_____@sgu.edu
SGU EMAIL ONLY

BANK ACCOUNT INFORMATION (US Banks ONLY):

_____ Name on Account-must be student name (Please Print) _____ Name of Financial Institution

_____ Account Number _____
Transit/ABA # (The 9-digit # between 2 colons on the bottom left of your check)

Account Type: Checking Savings

I understand and acknowledge that:

1. By signing this Authorization Agreement, I am authorizing the transfer of all credit balances on my student account to the account listed above, including but not limited to Loan disbursement credits, overpayment of tuition, and account adjustments due to enrollment changes.
2. By signing this Authorization Agreement, I certify that the account listed above belongs to me and I have access to the funds in the account
3. I understand I must allow 5-10 days processing time for direct deposits to commence.
4. This authorization will remain in effect until I have given written notice of termination. A new authorization must be completed if I change my bank account, close my bank account or financial institution. I understand that I must give advance notice to allow reasonable time for my instructions to be executed (at least 15 days from receipt)
5. **Along with this form, I must provide a voided or scanned check with my name and address pre-printed on it (not a starter check) or a letter from my bank that confirms that I am an account holder AND verifies both the account number and ABA routing number.** Until this information is received in full, University Support Services will not process this form or begin direct deposits to any account on my behalf.

STUDENT SIGNATURE:

DATE: