



**Shippensburg University
Student Accounts Office
Direct Deposit of Student Credit Balance Refunds**

Name _____
Last name, first name, middle initial

Student ID _____
Daytime phone/cell # _____

I understand that once financial aid funds are distributed to pay tuition, fees, room and board, or I have paid more than the balance on my account, the Student Accounts Office will refund excess financial aid or payments to me through direct deposit. I also understand that I may designate any bank, savings and loan association or credit union in the United States that is a member of the Federal Reserve System and accepts electronic funds transfers.

I hereby authorize Shippensburg University to: (circle one) START CHANGE STOP
direct deposit of my refunds to:

Name of your Financial Institution _____

Transit Routing Number _____

Account Number _____

Type of account: (circle one) checking savings

I have an established account at the financial institution indicated above and I authorize Shippensburg University to credit and debit entries to correct any credit entries made in error to my account indicated above. I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and my financial institution's routing number. **(If you do not have checks or this is a savings account, you must contact your bank for the correct routing and account numbers. Deposit slips do not always contain the correct information and will not be accepted.)**

I understand that my authorization will remain in effect until revoked by me in writing or until I terminate enrollment at Shippensburg University. If my enrollment resumes in the future, my direct deposit will automatically resume unless I otherwise notify the Student Accounts Office in writing. I understand that I must report, in writing, any change to my bank account that would affect my direct deposit. Additionally, I understand that it may take the Bursar's office up to two weeks to process any such change.

Student Signature _____ Today's Date _____

Please sign and date this form and return it to the address listed below.

