

Student Direct Deposit Authorization Form



Class of _____ New Request _____ Update Request _____

PLEASE PRINT:

Student SSN (Last four Digits) _____ Date: _____

Student Name: _____
Last First M.I.

Address: _____

Phone: _____ Email: _____

Authorization Agreement for Direct Deposit Payments

By signing this form, I agree to the following terms and authorize my refunds to be deposited directly to my U.S. checking account at the financial institution shown below:

- This authority will remain in effect until I file a new authorization form or make a written request to cancel my participation.
- It is my responsibility to notify the Student Accounts Office of any changes or closed accounts at least 7 business days prior to my next payment.
- If funds to which I am not entitled are deposited to my account, I authorize the Alabama College of Osteopathic Medicine to direct my financial institution to return said funds.

Student Signature

Date

Attach Your Check Here
(Starter checks and deposit slips may not be used)

Write **VOID** across the check

- The check must be from your personal checking account at a U.S. financial institution.
- Joint accounts are acceptable if your name appears on the check.
- An authorized direct deposit form from your financial institution may be used in place of a voided check. Most banks have this form available through their online banking services.

Complete the Student Direct Deposit Form and return to the Alabama College of Osteopathic Medicine, Att: Bursar's Office – Pam Deal, 445 Health Sciences Boulevard, Dothan AL 36303.