

Class of 2029

Part IV: Business Office

Student Direct Deposit Form

Class of: _____ New Request: _____ Update Request: _____

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 Bursar's 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's Signature: _____ Date: _____

**Upload a photo copy of a voided check or an authorized direct deposit form
from your financial institution.**

(Starter checks and deposit slips may not be used)

- 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.