



GLENVILLE STATE COLLEGE

Direct Deposit Bank Authorization

Please type or print clearly

Name

Last	First	Mi
------	-------	----

Student Identification Number

--	--	--	--	--	--	--	--

Permanent mailing address (Required) Telephone number

Street		
City	State	Zip

Note: This address will update your mailing address if different from permanent mailing address in the system.

Home	()	-
Work	()	-

Send my student accounting refunds to (Until further written notice)

Bank name
Branch address (City and State)

Action (check one) Establish Discontinue

Effective date of action

Type of account (check one)

Checking Savings

I hereby authorize and request Glenville State College (Glenville) to transfer the amount requested per my completion of the 'Request For Draft on Student Account' of the financial aid awarded me, after deductions for tuition, fees and other debts due Glenville, to the financial institution indicated above for deposit in my account. I authorize, if necessary, debit entries and adjustments for any credit entries Glenville may have processed in error to my checking or savings account. I further authorize the depository indicated above, to credit and/or debit the same to such account.

If, during subsequent evaluations, the Financial Aid Office or the Third Party Sponsor determines my financial need or eligibility has changed, I may be required to repay all or a portion of awards credited to my account and/or funds transferred to my checking or savings account. Failure to repay these funds could result in financial holds being placed on all of my academic records.

I agree to notify Glenville immediately in writing of any changes to information pertaining to my checking or savings account or to terminate this authorization. I also understand that I should notify the Registrar's Office at Glenville of any changes of address. Improper notification may result in a processing delay of my refund.

**Direct Deposit will only be initiated upon proper completion of 'Request For Draft on Student Account.'

Student's Signature

Date

Please attach a blank, voided check in this space. The check must be preprinted with the bank's imprinted account number.

A blank, voided check provides our accounting department with your correct bank account number.