

Direct Deposit Bank Authorization

Please type or print clearly

Name

Last	First	MI
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Student Identification Number

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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 Virginia Commonwealth University (VCU) to transfer the full amount of the financial aid awarded me, after deductions for tuition, fees and other debts due VCU, to the financial institution indicated above for deposit in my account. I authorize, if necessary, debit entries and adjustments for any credit entries VCU 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 determine 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, referral of my account for collection and/or litigation and referral to the Commonwealth of Virginia Tax Debt Set-Off Program. I will pay any costs associated with collection of the above.

I agree to notify VCU 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 VCU Records and Registration of any changes of address. Improper notification may result in a processing delay of my refund.

Student's signature **Date**

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

Please attach a blank, void check in this space.
The void check must be preprinted with the bank's imprinted account number.
***Please see instructions for providing savings account documentation in this space.**

