

ARKANSAS STATE UNIVERSITY MID-SOUTH Direct Deposit Request for Student Refunds

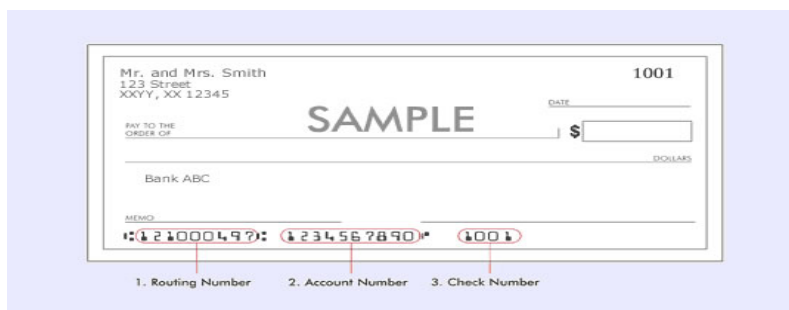
| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|
| Name: | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Address: | _____ | | | | | | | | | | | | | | | | | | | | | | |
| City, State, Zip: | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Social Security or Student ID Number: | <table border="1" style="width: 100%; text-align: center;"> <tr> <td>ddf</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | ddf | | | | | | | | | | | |
| ddf | | | | | | | | | | | | | | | | | | | | | | | |
| Account Type (C=Checking/S=Savings): | <input type="checkbox"/> | Note: | Payments will be made via Automated Clearing House (ACH) | | | | | | | | | | | | | | | | | | | | |
| Name of Bank/Financial Institution: | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Bank Account Number: | <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Routing Number: | <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

I understand that it is my responsibility to notify the Finance Office 5 days prior to disbursement of refund checks of any changes in the bank information supplied above. Failure to do so will delay the deposit of funds to your account. This approval will stay in effect until the Finance Office is notified in writing by the student.

Signature: _____ **Date:** _____

E-Mail Address: _____ **Contact #:** _____

Please attach a voided check or savings deposit slip and return to the Cashier Window. If you cannot provide a voided check or savings deposit slip, please bring back printed information from your bank/financial institution that shows your account number and routing number.



| | |
|-------------------------|-------------|
| Office Use only: | |
| Prenote sent: _____ | Date: _____ |
| Name: _____ | |
| Accepted | Declined |
| Reason: _____ | |