

Defiance College
Student Direct Deposit Form

Student Name

Student ID Number

Bank/Financial Institution Name

Account Number

Bank/Financial Intuitional Address, City and Zip Code

Bank Phone Number

Bank/Financial Institution Routing Number*

Account Type: ___ Checking ___ Savings

***A voided check or savings deposit slip with routing number MUST be attached.**

Payroll

I hereby authorize Defiance College to deposit my **payroll earnings** into the account listed above and if necessary debit entries or adjustments for any deposits made in error to my account. This authorization will be effective beginning with the _____ pay date. This authority is to remain in full force and effect until written notice from me has been received by Defiance College in such a manner as to afford reasonable time to act on it (normally at least ten (10) days prior to the pay date).

Student Signature

Date

Student Account Credit Balance

I hereby authorize Defiance College to deposit my **student account credit balance** into the account listed above and if necessary debit entries or adjustments for any deposits made in error to my account. This authority is to remain in full force and effect until written notice from me has been received by Defiance College in such a manner as to afford reasonable time to act on it (normally at least ten (10) days prior to the refund date).

Student Signature

Date