

# Authorization for Direct Deposit of Credit Balances

Austin Peay State University ▪ Clarksville, Tennessee



(NOTE: DO NOT USE FOR PAYROLL DIRECT DEPOSIT)

Campus: Main  FCC

## I hereby authorize:

- 1) Austin Peay State University to transfer my refund via electronic fund transfer (EFT) and
- 2) my financial institution to credit this amount to my account listed below.

New Deposit  
 Change Deposit  
 Cancel Deposit

This authorization will remain in effect unless cancelled in writing. If I change or close my account, or change financial institutions, I understand that I must complete and submit a new authorization. *Note: I understand that the University needs four (4) business days from the date of receipt of the authorization to set up the direct deposit files. I further understand that after my funds become available, three (3) business days will be required by the University to transfer the funds to my account.*

By signing this form, I understand that I am authorizing Austin Peay State University to deposit into the account indicated any Title IV funds which I have received. I understand that my financial aid funds may be adjusted if I withdraw from the University, drop classes, or receive an over award. If this adjustment results in a charge to my student account after my direct deposit has been processed, I understand that it is my responsibility to arrange for payment of this charge.

If my EFT transfer is not accepted by my financial institution due to a change or error on my part, I understand that these funds cannot be released to me until the EFT has been returned to the university. I further understand that prompt notice to Accounting Services of any changes in my bank account status will avoid such delays.

Student Signature \_\_\_\_\_ Student ID \_\_\_\_\_ Date \_\_\_\_\_

**FORM CANNOT BE PROCESSED WITHOUT STUDENT SIGNATURE AND VOIDED CHECK (to be attached below)**

Student Name (please print) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Full address (please print) \_\_\_\_\_

Name of bank or credit union (branch, if any) \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Checking  Savings

\*Routing Number \_\_\_\_\_

\*(between these symbols on the bottom left of **check** |: |: for savings account routing number, please contact your bank)

## PARENT PLUS LOAN INFORMATION (if applicable)

Release proceeds to student?  Yes  No

IF **NO** PLEASE INDICATE PARENT DIRECT DEPOSIT ACCOUNT INFORMATION BELOW:

Name of bank or credit union \_\_\_\_\_ Checking  Savings

Bank Account Number \_\_\_\_\_ \*Routing Number \_\_\_\_\_

\*(between these symbols on the bottom left of **check** |: |: for savings account routing number please contact your bank)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Contact Accounts Receivable at (931) 221-6285

**ATTACH**

Voiced check here  
(voided Deposit  
slip for Savings  
Account)

**Mail to:**  
Austin Peay State University  
Accounting Services – DD  
P. O. Box 4635  
Clarksville, TN 37044