



Authorization for Direct Deposit of Credit Balances

(NOTE: DO NOT USE FOR PAYROLL DIRECT DEPOSIT)

Main Campus

Fort Campbell

I hereby authorize:

- 1) Austin Peay State University to transfer my refund via electronic fund transfer (ETF) 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 my 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 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 withdrew 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 financial institution due to a change or error on my part does not accept my EFT, 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.

Parent Signature: _____ Date: _____

Parent Plus Loan Information

If loan refunds were designated to the parent(s) instead of the student, then the parent(s) may elect direct deposit by completing this information.

Parent's Name: _____

Name of Bank/Credit Union: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking Savings

Parent's Social Security Number: _____

Parent's Mailing Address: _____

Parent's Phone Number: _____

Parent's Email Address: _____

For further questions or additional information, please contact Tammy Sanchez, Account Clerk, by phone at 931-221-1037 or by email at sanchezt@apsu.edu.

The complete form can be mailed, emailed, or faxed to:

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

Email: Tammy Sanchez, Account Clerk, at sanchezt@apsu.edu

Fax Number: 931-221-7666