

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.*

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