SEATTLE UNIVERSITY

ENROLLMENT SERVICES
Office of Student Financial Services
901 12th Avenue, P.O. Box 222000
Seattle, WA 98122-1090

Tel.: (206) 296-2000 Fax: (206) 296-5755
financialservices@seattleu.edu

DIRECT DEPOSIT REQUEST FORM FOR STUDENT FINANCIAL SERVICES REFUNDS

INSTRUCTIONS

1. Complete this form.
2. Attach a voided check from the **student's account** to which you want direct deposits made (we cannot make deposits to the account of anyone other than the student).
3. Return the completed form and voided check to the Office of Student Financial Services at the address shown at the top of this page.
4. Allow ten (10) days for processing.

Student's Name (Please Print: Last Name, First Name, Middle Initial)

SU ID # or Social Security # Daytime Phone Number

I want to:

❒ Have my Financial Aid Refund directly deposited, using the financial institution, branch, and account specified on the attached voided check. I understand that it will take up to ten (10) days for this authorization to take effect.

❒ Change financial institution, branch or account. Please stop sending my financial aid refund to the financial institution previously designated. Instead, please deposit my refund to the institution specified on the attached voided check. I understand that it will take up to ten (10) days for this change in my authorization to take effect.

I promise to:

✓ Maintain this bank account for at least 6 months, effective from the date I enroll in this plan, unless the account is closed due circumstances beyond my control (stolen debit card, for instance). If the account is closed, I will notify Student Financial Services immediately.

✓ Pay a $25.00 fee if the bank returns the funds because my account has been closed and I've neglected to notify Student Financial Services as promised above.

By my signature below, I authorize Seattle University and the financial institution listed on the attached voided check to initiate electronic credit entries, and, if necessary, debit entries and adjustments for any refund made to my checking account in error. This authorization will remain in effect unless and/or until I cancel it in writing. I understand that it will take up to ten (10) days for my cancellation to be processed and become effective. In the event that I choose to cancel this direct deposit authorization, my refund will be mailed to the current mailing address listed for me at SUOnline.

I understand that any changes to the courses I am taking or the number of my enrolled credits will affect the amount of my refund. Changes to my enrollment that I initiate after the refund is credited to my bank account may require me to repay some or all of the refund received to Seattle University.

Student's Signature Date

BE SURE TO ATTACH A VOIDED CHECK TO THIS FORM