



Authorization Agreement for Automatic Direct Deposits (ACH)- Student Refunds

With this authorization form, I hereby authorize Concordia University to initiate a direct deposit of any credit of my student account or any adjusting entries (debit or credit) necessary for corrections into my bank account. I acknowledge this form will remain in effect until a written notice is submitted to cancel. I also acknowledge the bank information provided below is correct and if after receiving my refund any changes occur to my student account causing a balance, I understand that I will be responsible for paying the total balance due.

DIRECTIONS: For Security, this form MUST be emailed to bursar@cui.edu (type "Direct Deposit Form" on the subject heading line) from your CUI email address (@eagles.cui.edu) or dropped off in person to the Bursar's Office (Must Present a Valid Photo ID). **DO NOT FAX OR MAIL THE FORM AS IT WILL NOT BE PROCESSED.** Any forms submitted incorrectly will be shredded.

Bank Information:

DEPOSITORY NAME (your bank): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

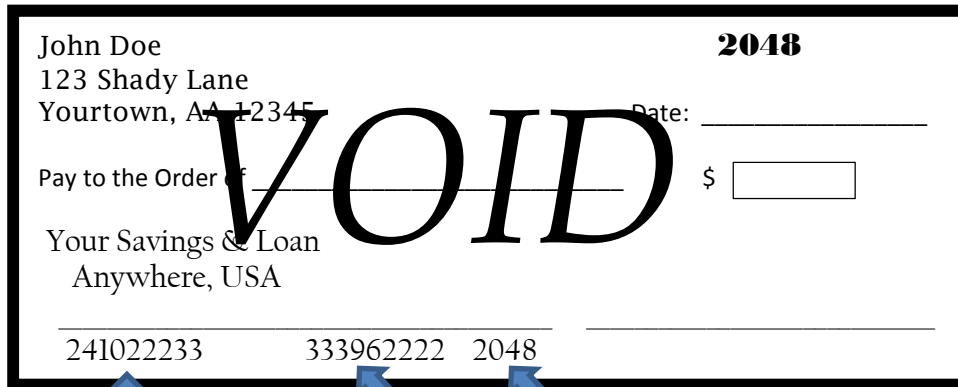
ACCOUNT INFORMATION: Checking

BANK ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

Student Contact Information:

Home # _____ Cell # _____ E-Mail: _____

YOU MUST ATTACH A COPY OF A VOIDED CHECK.



ROUTING NUMBER
241022233
(9 digits: begins with 01-12 or 21-32)

ACCOUNT NUMBER
333962222

CHECK NUMBER
2048

I understand that I am responsible to check with my selected banking facility to determine that they will receive direct deposit refund funds for my account and that I am responsible for any bank charges made to my account for this service by my bank. It is my responsibility to ensure the accuracy of the bank information indicated above. I further understand that it is my responsibility to notify Concordia University in writing of any changes to the information above, and to provide a reasonable amount of time for the changes to be made. My failure to do so may result in a delay of my refund. If a direct deposit transaction is rejected for any reason, I understand that a refund will be re-issued by check unless I provide updated account information in writing. Finally, I understand that the University reserves the right in all cases to issue a refund in the form of a check.

Cancellation Clause: This authority is to remain in full force and effect until Concordia University has received written notification from me of its termination in such time and in such manner as to afford Concordia University and the Depository a reasonable opportunity to act on it.

Print Name

Signature

Student ID# (E#): _____

Date: _____