

AUTHORIZATION FOR DIRECT DEPOSIT

Student Information: Student Number _____

Last and First Name _____ Last 4 Digits of SSN _____

Postal Address _____

Phone Number _____ Email _____

I hereby request and authorize **Florida Technical College an Academic Unit of National University College**, that the net amount of payroll wage and or other types of reimbursements of funds be credited to my bank account from the financial institution designated here:

Financial Institution Information:

Financial Institution _____

Bank Account Number _____

Bank Routing and Transit Number (ABA Number) _____

Account Type Check Savings Other (specify) _____

I understand that, to complete this process:

1. The bank account must belong to me.
2. I must provide a canceled check or a Bank account certification from my financial institution.
3. These documents must be provided to the Financial Aid Office.

I also authorize that this request be processed at the time in which **Florida Technical College an Academic Unit of National University College** determines to. I understand that any claim from me regarding payroll and or other reimbursements of funds credited to my account in accordance with this authorization will be made directly with **Florida Technical College an Academic Unit of National University College**.

In case of a credit error occurring, **Florida Technical College an Academic Unit of National University College** is authorized to debit the student's account accordingly.

This authorization will continue in effect until I notify the cancellation of this benefit in writing in a new form for changes 30 days before the effective date.

Student Signature _____ Date _____