



**AUTHORIZATION FOR DIRECT DEPOSIT  
Direct Plus Loan Program for Parents**

**Student Information:**

Student Number \_\_\_\_\_

Last and First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

**Parent Information:**

Last and First Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I hereby request and authorize **Florida Technical College an Academic Unit of National University College**, that reimbursements of Direct Plus Loan for Parents 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_