



## AUTHORIZATION FOR DIRECT DEPOSIT FINANCIAL AID OFFICE

### STUDENT INFORMATION:

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

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

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

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

I hereby request and authorize **NUC University**, 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 **NUC University** 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 **NUC University** completing the Application Claim for Direct Deposit form.

In case of a credit error occurring, **NUC University** 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 by completing the Cancellation Authorization for Direct Deposit form or a new form for changes 30 days before the effective date.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

mm/dd/yyyy