



**AUTHORIZATION FOR DIRECT DEPOSIT
DIRECT PLUS LOAN PROGRAM FOR PARENTS
FINANCIAL AID OFFICE**

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 **NUC University**, 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 **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 – Plus Loan 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 – Plus Loan in a new form for changes 30 days before the effective date.

Parent Signature _____ Date _____

mm/dd/yyyy