



1057 W. College Ave.
Independence, KS 67301
Phone (620) 332-5460
financialaid@indycc.edu

Fax (620) 332-5660
www.indycc.edu/finaid

Office of Student Financial Aid Student Authorization for Direct Deposit

Directions- The completed form must be returned to ICC with a photo ID before Direct Deposit can be initiated.
You can use your phone to email your photo ID if you are not submitting this form in person.

Section 1: Student Information

Student Name: _____ Student ID# _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email address: _____

Section 2: Bank Information

Name of Bank or Financial Institution: _____

Bank Telephone number _____ Expiration Date (PrePaid card ONLY) ____ / ____

Section 1 bank account holder information is identical to customer information on file at the bank: Yes No
(Provided bank account/Prepaid debit card MUST be in student's name)

Please select your direct deposit account type: ___ Checking ___ Savings ___ Prepaid Card

Enter account numbers **EXACTLY** as they need to appear. (For Prepaid cards enter bank account # associated with your card, *not your card #*)

Receiver's 9-digit routing number: _____

Receiver's account number: _____

Printed Name of Person entering Acct Information _____ or Bank representative's printed name & Signature _____ Date _____

Section 3: Authorization

Initial here I hereby authorize Independence Community College (ICC) to deposit funds into the account indicated above. I also authorize ICC, if necessary, to withdraw funds from the account above to correct any errors. This authority is to remain in full force and effective until ICC receives written notice from me to terminate the direct deposit, allowing a reasonable amount of time for ICC and the financial institution to act (generally, no less than 14 days prior to the scheduled pay date).

Initial here I accept responsibility for notifying ICC of any change to my bank account information in writing.

Initial here As of the date this form is signed, all financial aid refunds (PELL, SEOG, Loans (Student and PLUS), Scholarships, etc) will be deposited in the account above.

Student Signature _____ Date _____

Parent Signature (For Direct PLUS loans only) _____ Date _____

Financial Aid Office Use:

Verified with Photo ID by ICC Staff _____ Date _____ Date Entered in AS/400 _____

Date Pre-Note Successful _____