



**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 \_\_\_\_\_