

DIRECT DEPOSIT AUTHORIZATION AGREEMENT – STUDENT REFUND

I hereby authorize Barnard College to deposit all student refund checks payable to me directly into my account with the Financial Institution named below. Refunds payable to third parties will be paid by check.

Financial Institution Information:

Name _____ Branch _____

City _____ State ____ Zip Code _____ - _____

Transit/ABA No. _____ Account No. _____

Select One: Checking Savings Money Market

Payee Information:

Name of Student _____

Student ID # _____ Street Address _____

City _____ State ____ ZIP _____ - _____

Email _____ Contact Phone No _____

This authority is to remain in full force and effect until Barnard College has received written notification from me of its termination in such time and in such manner as to afford Barnard College and the Financial Institution a reasonable opportunity to act on it. If an incorrect amount should be deposited into my account, I authorize my Financial Institution to make the appropriate adjustment.

Student's Signature _____ Date _____

Printed Name _____

Select One: New Account Change Account Cancel Agreement

**Please attach voided check or letter from your bank indicating
your transit/ABA and bank account numbers here.**

Please return signed and dated agreement together with voided check or letter to:

By Email: bursar@barnard.edu