



COCONINO COMMUNITY COLLEGE DIRECT DEPOSIT REFUNDING – AGREEMENT

WHAT THIS AGREEMENT WILL DO

Instead of any financial aid refund checks being sent to the address on file or for pick-up, any financial aid refunds due to you will be deposited into the bank account that you designate in this communication to us. When signing up for this method of receiving moneys, please make sure you notify us of any change in your designated bank account in a timely fashion. It takes 10 business days to pre-note your account. To pre-note means to initially test the path of the electronic funds transfer for accuracy using no moneys. After that, we can then process any financial aid refunds due to you.

STEP 1: PLEASE TELL US WHAT YOU WANT by checking the appropriate line.

- A. NEW AUTHORIZATION ____ OR A CHANGE TO AN EXSISTING ONE ____ OR
- B. REQUEST TO STOP THE DIRECT DEPOSIT ____ please complete Step 2 and sign on the line below after the following direction: "Please stop issuing my financial aid refunds via Direct Deposit"

_____ Date

_____ Signature to STOP Direct Deposit

STEP 2: PLEASE TELL US YOUR STUDENT AND BANK ACCOUNT INFORMATION.

- A. PLEASE PRINT: STUDENT NAME: _____
 STUDENT ID : @ _____
 YOUR TELEPHONE NUMBER(S): _____

- B. *****For a New or Changed Authorization, please fill out the following items:**

NAME OF BANK: _____

TEL# OF THE BANK'S MAIN OR BRANCH OFFICE: _____

YOUR BANK ACCOUNT NUMBER: _____

YOUR BANK ROUTING NUMBER: _____

TYPE OF ACCOUNT: Check one: CHECKING _____ Authorization for a CHECKING ACCOUNT, PLEASE ATTACH A **VOIDED CHECK**.
SAVINGS _____

STEP 3: AUTHORIZATION.

I hereby authorize Bank One of Arizona, to initiate electronic entries to my account as I indicated above. I understand the authorization is to remain in force and effect until such time I have notified COCONINO COMMUNITY COLLEGE in writing and given the College and its lead bank reasonable time to make any necessary changes or to effect the termination of this agreement if I so desire. I understand that if I do not enroll in the subsequent semester the direct deposit will be deactivated and I will be required to submit a new Direct Deposit Refunding agreement form. If any action taken by me, without adequate notification to the Business Office, results in non-acceptance of the transfer by my financial institution, I understand that the College assumes no responsibility for processing replacement financial aid until the funds are returned to the College by my financial institution.

_____ Your Signature

_____ Date

Please send or submit to: Coconino Community College/Cashier Office
2800 S. Lone Tree Rd . Flagstaff, AZ 86001
Questions . Call 928-226-4237