The City University of New York

STUDENT FINANCIAL ASSISTANCE
DIRECT DEPOSIT REQUEST/AUTHORIZATION FORM

SECTION "A" AND "B" TO BE COMPLETED BY THE STUDENT

SECTION A: STUDENT INFORMATION

MEDGAR EVERS COLLEGE

FIRST NAME _____ MI ___ LAST NAME _____

SOCIAL SECURITY NUMBER # ☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

PERMANENT ADDRESS_____APT# _____

CITY _____ STATE _____ ZIP CODE_____

TELEPHONE NUMBER (_____) _____

NAME OF FINANCIAL INSTITUTION _____

ACCOUNT TYPE (PLEASE CHECK ONE)

☐ CHECKING (attach voided check to Section C and have section C completed by your financial institution)

☐ SAVINGS (Section C must be completed by financial institution)

SECTION B: AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the disbursement of any Federal, State or City student financial assistance funds, including Federal Work Study, or any funds (deemed transferable electronically) due to me from The City University of New York (CUNY), or from any CUNY college at which I am enrolled, directly into my bank account. I acknowledge that the pay-stubs will be only available upon request. The funds to be deposited into my account may include but may not be limited to tuition refunds and college fellowships, scholarships and work study programs where applicable. This authorization is valid for the entire period during which I am enrolled at the above-mentioned CUNY College. I also acknowledge that to cancel this authorization, I must notify the appropriate college office in writing. In addition, I authorize any necessary debit entries and adjustments for any credit entries made in error to my account and any fees levied by my bank for these entries.

My signature acknowledges that the above information is correct and I understand the terms and conditions of this agreement.

Signature	**Date** ____/____/____

SECTION C: TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

Account Type ☐ Savings ☐ Checking

Depositor's Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ABA Number ☐☐☐☐☐☐☐☐☐

As representative of the above named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit funds to the account shown above.

Print or type Representative's Name	Signature of Representative	Telephone Number ( )	Date ____/____/____

Return this form to: Office of Financial Aid, 1637 Bedford Ave., Brooklyn, NY 11225, Room S-110