



STUDENT REFUND DIRECT DEPOSIT AUTHORIZATION

Last Name	First Name	MI										
Student ID Number	Telephone Numbers											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											Home: () -	Other: () -

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!

All boxes must be completed to Start or Change Direct Deposit.
Do not leave information blank!

Use this form to start, change, or stop direct deposit for all payments received from Florida Gateway College.

Direct Deposit Action Requested:

1. Check **START** if you do not have direct deposit and are first signing up for it.
2. Check **CHANGE** if you currently have direct deposit and wish to change your financial institution, or if your account number or account type (checking or savings) is changing. Current direct deposit is stopped when a change request is received. While the change is being processed, you may be refunded by check.
3. Check **STOP** if you wish to stop your direct deposit. Stops are processed as soon as possible after they are received.

Voided Check: Required for direct deposit into your checking account only. Attach voided check to right-hand side of this form. **If you do not have a check or are using a savings account**, you will need a letter from your bank with your name, bank routing number and checking or savings account number on bank letterhead.

<p style="text-align: center;">START</p> <p>Allow two (2) weeks for processing. Verify your first direct deposit with a representative of your bank.</p>	<p style="text-align: center;">CHANGE</p> <p>Allow two (2) weeks for processing. Verify this deposit with a representative of your bank to ensure an accurate setup of this transaction.</p>	<p style="text-align: center;">STOP</p> <p>Allow two (2) weeks for processing.</p>
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With this form, I authorize Florida Gateway College to transfer the full amount of my refund to the financial institution indicated for deposit to my account. I also understand that I must submit a new Direct Deposit Authorization Form if I change banks and/or accounts. If I close my account, I will not receive a refund until my bank returns the funds to the College.

Furthermore, I hereby authorize and request Florida Gateway College to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the indicated financial institution. This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to Florida Gateway College to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution of (d) Florida Gateway College.

Signature Date

**Routing: Please return this form with a voided check to Cashier's Office, Bldg 15; FGC;
149 SE College Pl, Lake City, FL 32025**

PLEASE ATTACH
VOID CHECK
HERE