

Instructions for Submitting Direct Deposit Form:

1. The student must complete the form in a neat and legible manner;
2. Section 3 requires three initials as well as a signature. Parent signature is required only if a Parent PLUS Loan is processed for the student;
3. The form must be submitted with the following:
 - a. A voided check or bank statement indicating the account number
 - b. If you cannot submit one of the two above documents, your bank must complete the form where indicated in Section 2
 - c. A valid photo ID must accompany the completed form;
4. Incomplete forms will be destroyed. You will need to resubmit the entire form with the correct accompanying documentation if your submission is rejected.



Office of Student Financial Aid
Student Authorization for Direct Deposit

Directions- *The completed form must be returned to ICC with a photo ID and a voided check (bank statement will be accepted) before Direct Deposit can be initiated. If you are not submitting this form in person, you may email this form along with a copy of your photo ID.*

Section 1: Student Information

Student Name: _____ Student ID# _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email address: _____

Section 2: Bank Information (Do Not use any Pre-paid cards such as Green dot or Money card for any Federal Aid.)

Name of Bank or Financial Institution: _____

Bank Telephone number: _____

Bank Address: _____

Section 1 bank account holder information is identical to customer information on file at the bank: Yes No
(Provided bank account.)

Please select your direct deposit account type: ___ Checking ___ Savings

Enter account numbers **EXACTLY** as they need to appear.

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 _____