



**Student Direct Deposit Authorization Form**  
Financial Aid & Accounts Payable Disbursements

Direct deposit is the process whereby the college deposits your financial aid or other reimbursement directly into the savings or checking account of your choice.

Please present this form along with a photo ID and either a voided check or bank direct deposit payment authorization to the Student Accounts office located in the Laverne Murphy Student Center in person.  
Direct Deposit is a free service.  
Please allow 10 business days to process, as your account information must be verified with your financial institution before funds can be deposited.  
Please call us at (541)440-7660 for further information.

Name: \_\_\_\_\_  
First MI Last Student Banner ID number (required)



\_\_\_\_\_  
Student's Address

\_\_\_\_\_  
Student's Phone Number

**Please note: PHOTO ID REQUIRED TO SUBMIT FORM**

**FINANCIAL AID / ACCOUNTS PAYABLE**

<p><b>Type of Transaction</b></p> <p><input type="checkbox"/> Start   <input type="checkbox"/> Change   <input type="checkbox"/> Cancel</p>	<p><b>Routing Numbers</b></p> <p>_____</p>	<p><b>Type of Account</b></p> <p><input type="checkbox"/> Checking   <input type="checkbox"/> Savings</p> <p>_____</p> <p><b>Account number</b></p>
<p><b>Financial Institution:</b> _____</p>		<p><b>Financial Institution City, State, Zip:</b> _____</p>

**AUTHORIZATION AND CERTIFICATION SIGNATURES:**

I hereby authorize Umpqua Community College to deposit my financial aid/accounts payable funds into my account at the bank named above. Umpqua Community College is authorized to reverse any deposits made in error to my account through the college's direct deposit program. I further warrant that I am a **holder** on the account listed above.

Further, I agree not to hold Umpqua Community College responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Umpqua Community College receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Student Accounts Office. Please allow the College ten business days for any changes to this information.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date