CLOUD COUNTY COMMUNITY COLLEGE

Business Office, 2221 Campus Drive, Concordia, KS 66901 800-729-5101 ext. 205. Fax 785-243-9370. sshuler@cloud.edu

Business Office – Direct Deposit – EFT Authorization Form

I hereby authorize Cloud County Community College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Cloud County Community College has received written notification from me of its termination or (inactive student account for a two year period) in such time and in such manner as to afford Cloud County Community College and Depository a reasonable opportunity to act on it.

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Student Name		Financial	Institution Name (Your Bank Name)	
Social Security Number and Student ID#		Financial Institution Address and Phone Number		
Date	Student Signature			
I wish to receive Feders for Financial Aid.	al Financial Aid Refunds by direct depo	osit and I am not	t currently participating in the Direct Deposit ~EFT pro	ogram
A	dd ~ Deposit my Federal Financial Aid	to the account sl	hown.	
If you close this accou	int, please notify the business office	immediately.		
I am currently participa	ating in the Direct Deposit ~ EFT progr	am for Federal Fi	Financial Aid and would like to make changes to my ac	count
C	hange ~ Change Financial Institutions	and/or account n	number.	
C	hange ~ Stop my participation in the p	rogram.		
Due to time required for	or company and bank processing, ple	ase allow one we	reek for processing.	
*****IMPORTANT ~	Please check type of account	Checking	Savings	
Please return form to	the Business Office on the Concordia	Campus or to St	tudent Services on the Geary County Campus	
• •	oided check here and return to Co a voided check, please list your b		number and your account number.	