

Century College Direct Deposit Authorization Form

Please complete this form to have your student work earnings, refunds and/or financial aid disbursement (grants and loans) deposited to your bank account. Be sure to sign and date the form at the bottom and return it to the Business Office. You will receive notice from the school when funds are deposited into your account.

Student Information Sheet

Student Name

Customer Number/Social Security Number

Direct Deposit to Checking or Savings Account

I authorize Century College and the financial institution named below to automatically deposit to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to cancel it. I will notify the Business Office if I close this account.

Type of Account: _____ Checking _____ Savings (not passbook savings)

Financial Institution

City and State

Branch

Financial Institution Phone Number

Transit Routing Number
(must begin with 0, 1,2 or 3)

Account Number

Student Signature

Date

Business Office completed Process

Date

Attach a voided check for checking accounts

Attach a deposit slip for savings accounts