

## Direct Deposit Enrollment Form

**Instructions:**

- Provide the information requested below
- Attach a Voided Check to this page
- Return the entire page to: Office of Financial Aid

YES, I want the convenience and safety of having my reimbursement checks deposited directly to my bank account. I understand that I can terminate the electronic deposit arrangement simply by giving written notice.

Full Name:

\_\_\_\_\_

Last	Suffix	First	Middle
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Social Security Number: \_\_\_\_\_

Program:  M.D.  P.A.  Graduate Studies  Post Baccalaureate

Phone Number:

\_\_\_\_\_

Student Box Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Deposit into my CHECKING Account  
Account Number: \_\_\_\_\_

Deposit into my SAVINGS Account  
Account Number: \_\_\_\_\_

I authorize credit entries and any adjustments to be made to my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_