



# Direct Deposit Request Form

**Staff Use only**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_

**Return this form to the Cashier's Office in the Student Services Concourse, Light Hall.**

**Instructions**

Please allow **three weeks** upon receipt of completed form for the deposit to take effect.

I wish to have my overage check direct deposited:

Starting Term \_\_\_\_\_

Year \_\_\_\_\_

**Personal Information** *(please print clearly)*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

ID # \_\_\_\_\_

Last Four Digits SSN # \_\_\_\_\_

**I authorize Hocking College to direct deposit my overage check into the bank information I provide below for credit to my account. This authorization is to remain in effect until cancelled by me in writing.**

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

The account is carried as listed below:

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Account Type** *(Mark one.)* Checking: Voided check must be attached\*\*\* Savings: Letter on bank stationery indicating name, account number and routing number must be attached.\*\*\*

\*\*\*Request will not be processed if voided check (Checking Account) or letter from bank (Savings Account) is not included.

Student Signature *(Required to process this request.)* \_\_\_\_\_

Date \_\_\_\_\_

**Cancellation of Direct Deposit** I am cancelling my direct deposit effective: \_\_\_\_\_

I understand that to reinstate direct deposit, a new form will need to be completed.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_