ST. CLOUD STATE UNIVERSITY

STUDENT FINANCIAL AID DIRECT DEPOSIT AUTHORIZATION

Name (please print)

☐ Start

☐ Change bank or account number

☐ Stop

Student I.D. #

Bank name

Bank city and state

Bank transit routing number:

(9 digits)

Account number:

(up to 17 characters)

☐ Checking **If you select "Checking," attach a voided check to this form**

☐ Savings **If you select "Savings," attach a deposit slip to this form.**

If you are unsure which type of account you should select, please contact your financial institution.

I authorize St. Cloud State University and my financial institution indicated above to initiate electronic credit entries (direct deposit) and if necessary, debit entries and adjustments for any credit entries made in error to my account as I indicated above.

I understand that all outstanding charges to St. Cloud State University on my account at the time of disbursement will be deducted before any funds are deposited.

Student Signature

Phone Number

Date

This direct deposit of financial aid remains in effect until it is rescinded by the student. It is the student's responsibility to inform the University of any change in bank or account number to avoid funds going to an account that has been closed.

Processing of this form will require two weeks lead time prior to aid disbursement. If you have direct deposit for payroll and financial aid, you must use the same bank account for both.

Submit this form and required attachments to:

Business Services Office (AS-122) - St. Cloud State University
720 Fourth Avenue S.
St. Cloud, MN 56301

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