



EDINBORO UNIVERSITY  
OF PENNSYLVANIA

Accounting Office  
McNerney Hall Rm 235  
300 Scotland Road  
Edinboro, Pa 16444-0001  
Phone: 814-732-2725  
Fax: 814-732-2693

## Direct Deposit of Financial Aid Refunds

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Student I.D. No.: \_\_\_\_\_

I understand that once financial aid funds are distributed to pay tuition, fees, room, and board, the Bursar's Office will refund excess financial aid proceeds to me through direct deposit. I also understand that I may designate any bank, savings and loan association, or credit union in the United States that is a member of the Federal Reserve System and accepts electronic funds transfer.

I hereby authorize Edinboro University of PA to: (circle one) **start** **change** **stop** direct deposit of my financial aid refund. The Accounting Office will notify you if the institution you choose does not qualify.

Name of your Financial Institution (Bank): \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_  
(the first nine digits printed at the bottom left corner of most checks and deposit slips)

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

Type of Account: (circle one) **checking** **savings**

I have an established account at the financial institution indicated above and I authorize the State System of Higher Education to initiate credit as well as debit entries and adjustments for any credit entries in error to my account indicated above.

I have provided a copy of a voided check (for electronic transfer to a checking account) or a deposit slip (for electronic transfer to a savings account) solely for the purpose of verifying my account number and the financial institution's transit routing number.

I understand that my authorization will remain in effect until revoked by me in writing or until I terminate my enrollment with Edinboro University of PA. If my enrollment resumes in the future, I understand that my direct deposit will automatically continue unless I otherwise notify the Accounting Office in writing. I understand that any change I initiate with my direct deposit (financial institution, account number, mailing address, ending direct deposit, etc.) will be made at two weeks after my notifying the Accounting Office.

Student Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_