



CSU, STANISLAUS DIRECT DEPOSIT AUTHORIZATION

CHECK ONE: New Request
 Change of Bank or Account Number
 Delete Authorization

CHECK ONE: Student
 Faculty, Staff

Name: _____ Student or Employee ID # _____
Last, First, Middle *Do not use Social Security Numbers*

Bank Name: _____

Bank Address: _____

Bank Routing Number:
Please verify your routing number with your financial institution.

Checking
 Savings

Account Number: _____

I hereby authorize California State University, Stanislaus (CSUS) to deposit my refund via electronic fund transfer (EFT) and my financial institution to credit this amount to my account. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account or change financial institutions. **Note:** I understand that the University needs ten (10) business days to set up this authorization and two (2) business days for EFT after funds become available. I authorize the University to withhold any University debt and in the event that the exercise of this authorization for any reason results in an overpayment of financial aid actually due and payable to me, I hereby authorize the University to withhold a sum equal to the overpayment from my next payment of financial aid. I understand that I may be subject to a billing which I must repay to CSUS if I withdraw or do not enroll in a subsequent term and have received financial aid via EFT which is in excess of my financial aid eligibility or if an over award occurs. In the event my banking institution refuses the electronic transfer of funds, I understand that it will be up to ten (10) working days before the University will produce a disbursement check. If any action taken by me, without adequate notification to CSUS Student Accounts Receivable, results in non-acceptance of the transfer by my financial institution, I understand the University assumes no responsibility for processing supplemental financial aid until the funds are returned to the University by my financial institution. Furthermore, I understand that as a result of any omission on my part to notify CSUS of changes to or closure of my account, I will be liable for the returned transaction fee (currently \$5.00) associated with the non-acceptance of the EFT by my financial institution.

Signature: _____ Date: _____

Signature: _____ Date: _____

Phone Number: () _____ E-Mail: _____

Privacy Notification

The State of California Information Practices of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form is to acquire authorization for refund distribution to a financial institution of the individual's choosing. Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being submitted.

ATTACH A PRE-PRINTED, VOIDED CHECK HERE*
DIRECT DEPOSIT CANNOT BE PROCESSED
WITHOUT A VOIDED CHECK
***Attach a personalized deposit slip if you have a savings account**

FOR STUDENTS: PLEASE RETURN COMPLETED FORM TO CASHIERS MSR 100
One University Circle, Turlock, CA 95382-3200 Fax: (209) 667-3762

FOR FACULTY/STAFF: PLEASE RETURN COMPLETED FORM TO ACCOUNTS PAYABLE, MSR290