DIRECT DEPOSIT AUTHORIZATION

(NOT PAYROLL)

Last Name	First Name	MI	Student ID Number

Street Address	City	State	ZIP	Telephone Number

Direct Deposit – Automatic deposit of my University of Colorado at Colorado Springs credit balance from my tuition and fee account to my checking or savings account at the financial institution listed below.

Name of Financial Institution (Bank) _____

Bank Routing Number: _____ Account Number: _____

Please check one: ☐ CHECKING ☐ SAVINGS

YOU **MUST** ATTACH A VOIDED BLANK CHECK TO THIS AUTHORIZATION.

I hereby authorize the University of Colorado at Colorado Springs to deposit all credit balances from my tuition and fee account via electronic transfer of funds. This authorization with remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institution.

I understand:

- Direct deposit transactions will be sent to the bank
- The University will e-mail me when funds are deposited
- No refunds may be picked up in person

Student Signature _____ Date _____

The University of Colorado will be disbursing **all refund amounts by means of Direct Deposit ONLY** (except under special arrangements).

COMPLETE and **RETURN** this form to:

Student Financial Services Customer Service Desk
Main Hall, Room 208
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918
Fax: 719-255-3023

Questions? Contact the Loan Administration Office at 719-255-3398.