

**APPALACHIAN STATE UNIVERSITY
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

Name (Printed) _____

Banner ID Number _____

Electronic Transfer of Funds

The intended use of this form is to obtain approval from you (the student) to deposit funds due to you from the University by direct deposit into your checking account. These funds may include your financial aid refund and student account overpayments.

Your signature on this Direct Deposit Authorization Agreement incurs the same liability as your endorsement on a bank check.

Additional Information Regarding Financial Aid Refunds

If you are receiving a loan, you are obligated to repay the amount of your loan in accordance with the terms outlined in your Promissory Note and Notice of Loan Guarantee and Disclosure Statement. It remains your responsibility to contact the Financial Aid Office about any and all changes in your student status. Your signature indicates that you understand that you may be required to immediately repay the University any financial aid funds that are transferred to your bank account if you do not enroll, if you withdraw from the University, or if you change hours of enrollment.

I authorize Appalachian State University to deposit funds into my checking account. I also authorize Appalachian State University to deduct any balances due the University prior to any electronic transfer of funds.

The authority is to remain in full force and effect until the Student Accounts Office has received written notification from me (the student) of its termination in such time and in such manner as to afford the University a reasonable opportunity to act on it.

Signature _____

Date ____ - ____ - ____

Attach Voided Check Below

ATTACH VOIDED CHECK HERE