Authorization for Direct Deposit of Financial Aid Refund

Return completed form and voided check to
MSP Financial Aid, 26811 Orchard Lake Road, Farmington Hills, MI 48334

_____ _____
Print Name – Last First Middle MSP ID#

_____ _____@msp.edu
Phone Number Email

U.S. Banking Information - Attach account verification: screen capture/print of bank page with account and routing number, or a VOID check

☐ New Request ☐ Change Existing Account ☐ Cancel Authorization

_____ _____
Bank/Credit Union Name (U.S. Institutions Only) Account Number

_____
ABA Bank Routing Number

☐ Checking* ☐ Savings**

* For checking and draft accounts attach a blank VOID check, or online print of banking info that verifies routing & account numbers.

** For savings accounts, you must include you financial institution's account and routing numbers. (Obtain from your financial institution, or from your banking online application.)

By signing and submitting this authorization, I certify that I understand and agree that:

1. This authorization applies to financial aid refunds, and remains in effect until cancelled by me.
2. MSP (the school) may initiate deposit (credit) transactions, and if necessary, reversal/correction (debit) transactions for any deposit made in error to my account. The financial institution listed above may credit and/or debit the same into such account.
3. The account listed above belongs to me and I have access to the funds in such account.
4. I authorize the financial institution to honor any reversal/correction initiated on the behalf of MSP. And I hereby absolve the financial institution from any liability that it might incur as a result of honoring such an adjustment request by the school. I further authorize the financial institution to withdraw monies available in any of my accounts at the institution in the event there are insufficient funds available, in the account designated to receive deposits, to cover any deposit error at the time of the reversal adjustment.
5. Any change to this authorization must be received by the school at least 10 days prior to the refund date in which the school is obligated to honor this authorization.
6. I absolve the school from any liability to pay charges for insufficient fund transactions that result from a failure within the Automated Clearing House network to correctly and timely deposit monies into my account.
7. It is my responsibility to communicate with the financial institution above to ensure that all direct deposits have been correctly applied to my account.

_____ _____
Signature **Date**