STUDENT REFUND
DIRECT DEPOSIT FORM

STUDENT NAME: _____ **SSN:** _____

CAMPUS LOCATION: _____ **EFFECTIVE DATE:** _____

DIRECT DEPOSIT AUTHORIZATION AND BANKING INFORMATION

I hereby authorize Argosy University to initiate credit entries to my checking account indicated below at the financial institution named and to credit the same to such account. This authorization shall remain in full force and effect until Argosy University has received written notification from me of its termination in such time and in such manner as to afford Argosy University a reasonable opportunity to act on it. Future payments will be direct-deposited into my account.

Student Signature: _____ Date: _____

CHECKING ACCOUNT *

Name of Financial Institution: _____

Transit Routing Number: | | | | | | | | | |

Account Number: | | | | | | | | | | | | | | | | | |

***FOR CHECKING ACCOUNT DIRECT DEPOSIT – PLEASE ATTACH YOUR VOIDED CHECK TO THE BOTTOM OF THIS FORM**