



NON-PAYROLL DIRECT DEPOSIT AUTHORIZATION – STUDENT REFUNDS ONLY

Name: _____ Cortland ID # _____
Last First Middle

COMPLETE THIS SECTION FOR NEW DIRECT DEPOSIT (OR FOR CHANGES)

I authorize State University of New York at Cortland to deposit the net amount of my refund or reimbursement check to the checking account number indicated below.

Financial Institution: _____

Routing Number: _____ Savings Account

Account Number: _____ Checking Account

RULES AND DEADLINES

PLEASE NOTE: I recognize if I fail to provide complete and accurate information on this form, processing may be delayed, made impossible or my electronic deposits may be erroneously made. I accept full responsibility and cannot hold SUNY Cortland liable.

- I understand that my direct deposit will take effect following receipt of this form by SUNY Cortland Student Accounts Office in order to allow verification of my account. **Deposits are to be made only to my personal savings or checking account and not to third parties.**
- This request will remain in effect until I have made a written request to stop or change my direct deposit. It is my responsibility to notify SUNY Cortland Student Accounts Office of closed accounts at least 6 days prior to the next refund.
- I understand my direct deposit cannot be split between direct deposit and a check. I understand direct deposit is NOT available for Parent Plus Loans NOT authorized to be directly paid to me.
- I authorize SUNY Cortland to initiate credit entries and, if necessary, debit entries and adjustments for any direct deposit entries in error to my account.

Signature

Date

Student Accounts Witness

ONLINE OR FAX SUBMISSIONS

You must provide a pre-printed voided check (starter checks not accepted) or a letter with your full name/account number/routing number signed by a bank official on bank letterhead. The letter or voided check must accompany this direct deposit authorization.

COMPLETE THIS SECTION IF YOU WISH TO DISCONTINUE DIRECT DEPOSIT OR CLOSE YOUR ACCOUNT.

I wish to discontinue direct deposit to the following financial institution: _____

Signature

Date