NON-PAYROLL DIRECT DEPOSIT AUTHORIZATION – STUDENT REFUNDS ONLY

Name: _______________________________             Cortland ID # ____________

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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: ________________________________
Account Number: ________________________________

NON-PAYROLL DIRECT DEPOSIT RULES AND DEADLINES

PLEASE NOTE: 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.

- 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 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 that my direct deposit must total 100%. I cannot have my refund 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.

- With direct deposit, I authorize SUNY Cortland to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

__________________________  ________________________
Signature                  Date

- If you direct deposit your SUNY Cortland payroll check, this routing information will not change your payroll direct deposit. Changes to your bank account must be made in Student Accounts and Payroll.

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

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

__________________________  ________________________
Signature                  Date

Return this form to the SUNY Cortland Student Accounts Office (in the Miller building) or mail to:
SUNY Cortland Student Accounts Office
PO Box 2000, Cortland, NY 13045
Make sure to include all required attachments.
Please contact Student Accounts at (607)753-2313 with any questions.