Kansas State University

AUTHORIZATION FOR **E**LECTRONIC **F**UNDS **T**RANSFER (Direct Deposit)
OF EXCESS FINANCIAL AID AND TUITION/FEES REFUND

Select One: (O) New Authorization (O) Bank Account Number Change (O) Cancellation

IMPORTANT: A preprinted voided check for a U.S. checking account MUST be attached to this authorization. (No photocopies are allowed. Failure to furnish a voided check will prevent the processing of this authorization.) *EFT may only be made into an account where the payee is listed as an owner of the account*. *Parent Plus loan proceeds cannot be electronically transferred to a student account unless the parent is an account owner and student refunds cannot be electronically transferred into parent accounts unless the student is an account owner.

STUDENT INFORMATION (REQUIRED) **(Please print)**

Last Name	First Name	MI	Student ID Number

PARENT INFORMATION ***Required ONLY if parent wants to authorize EFT for Parent Loan proceeds. (Please print)**

Last Name	First Name	MI	Social Security Number

PARENT INFORMATION ***Required ONLY if parent wants to authorize EFT for Parent Loan proceeds. (Please print)**

Last Name	First Name	MI	Social Security Number

Bank Name _____

AUTHORIZATION

By signing this form I hereby authorize Kansas State University to deposit my refund of excess financial aid and/or tuition/fees via **E**lectronic **F**unds **T**ransfer (EFT) and I authorize the Bank to credit my account for this amount. I also authorize the University to correct any errors that may occur from these transactions and will hold them harmless from any loss suffered. I must allow ten (10) business days for the university to process this authorization. Notification of an EFT deposit will be made only through my University email account.

This authorization will remain in effect until canceled or changed in writing by me.

Student Signature (Required)	Phone Number	Date
Parent Signature (Parent Plus Proceeds Only)	Phone Number	Date
Parent Signature (Parent Plus Proceeds Only)	Phone Number	Date

(Parent EFT authorization is ONLY for the proceeds from a Parent Loan.)

CANCELLATION (this is only to stop an existing EFT authorization)

I hereby cancel the authorization for Kansas State University to originate **E**lectronic **F**unds **T**ransfer deposits to my checking account. I understand that subsequent refunds of financial aid or tuition/fees will be made via a paper check.

Signature	Date

Please return this signed and completed form to the University Cashiers Office, Room 212, Anderson Hall or mail to Controller's Office-Cashiers, P.O. Box 68, Manhattan, KS 66505. Questions? Call (785)-532-6317 or email cashiers@ksu.edu.

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