

Southeast Missouri State University

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SOUTHEAST DIRECT Direct Deposit Authorization Form

STUDENT REFUNDS ONLY (a separate form is needed for Student Payroll)

I am requesting direct deposit for my STUDENT REFUND as follows:

Action (until further written notice):

Start Direct Deposit* Change Direct Deposit* Stop Direct Deposit**

* Please allow two (2) weeks processing time for direct deposit to be effective.

** Please note that this information will remain on file with the University until you complete a new form to stop (or change) your account information. A closed account does automatically stop your direct deposit from being sent to your bank and could cause your refund to be delayed.

Student Information (*please print clearly*):

Student ID: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (Cell): _____ Phone (W): _____

Southeast Key (email): _____@semo.edu

Please note that your email notification will be sent directly to your Southeast Key email address; please also be aware that if you select to forward your Southeast Key to another email address, the integrity and security of that message cannot be guaranteed.

Financial Institution/Bank Information (*please print clearly*):

Bank Name: _____

City: _____ State: _____ Zip: _____

Type of Account (check ONE): Checking Account Savings Account

Account Number: _____ Bank Number (9-digit Routing #): _____

For Checking Account: **ATTACH A VOIDED BLANK CHECK**

(The voided check must be preprinted with the bank account number, bank routing number, and your name and information)

For Savings Account: **ATTACH A DEPOSIT SLIP**

(The deposit slip must be preprinted with the bank account number, bank routing number, and your name and information)

I hereby authorize and request Southeast Missouri State University to transfer the full amount of my financial aid award (or non-financial aid excess credit), after deduction of authorized debits, to the financial institution (bank) indicated above for deposit to my account. Southeast is authorized to deposit and/or make corrections, if necessary, for any entries made in error to my account. I further authorize the bank to credit and/or debit the same to such account.

If, during subsequent evaluations, the Student Financial Services Office determines my financial need or eligibility has changed, I may be required to repay all or a portion of awards credited to my account and/or funds transferred to my checking or savings account. If I fail to repay these funds, Southeast Missouri State University may withhold registration and transcripts and refer my account for collection and/or litigation. I agree to pay any costs associated with collection of my account (not to exceed 50%).

I agree to notify Student Financial Services immediately, in writing, of any changes to information pertaining to my checking or savings account or to terminate this authorization. I also understand that I should notify the University of any change of address. Improper notification or incorrect information may result in a processing delay of my refund.

STUDENT SIGNATURE: _____ DATE: _____

SUBMIT COMPLETED FORMS to: Southeast Missouri State University STUDENT FINANCIAL SERVICES One University Plaza – MS3740 Cape Girardeau MO 63701

QUESTIONS? Contact Student Financial Services at (573) 651-2253 or sfs@semo.edu