South Louisiana Community College
Direct Deposit Enrollment Authorization

Fax # (337) 262-2102 - Attn: Business Office

Student:_____ SS# or St. ID #_____

BANK ACCOUNT INFORMATION

****** ATTACH VOID CHECK OR COMPLETE INFORMATION BELOW ******

BANK NAME	**FINANCIAL INSTITUTION ROUTING (ABA) NUMBER**
BANK ACCOUNT NUMBER	**ACCOUNT NAME** (Ex: Mr. and Mrs. John Doe, John or Jane Doe)
ACCOUNT TYPE (Select One) / / **CHECKING** / /**SAVINGS**	* Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: (**Skip if Check is Attached**) Signature from Institution: _____ Phone Number: _____

I, _____, authorize and request South Louisiana Community College to
(Print student's full name)
direct deposit my net Pell Funds to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, through a direct deposit, I hereby agree and authorize my appointing authority (SLCC) to recover the amount overpaid.

It is my responsibility to notify the SLCC Business Office (337-521-8899), as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form indicating termination of this option is received from me and South Louisiana Community College has had reasonable opportunity to act on the termination.

_____	_____	_____
Signature of Student	Date	Phone where you can be reached between 8:00 a.m. and 4:30 p.m.