



South Louisiana Community College Direct Deposit Enrollment Authorization

Fax # (337) 262-2102

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: _____

(Print student's full name)

I, _____, authorize and request South Louisiana Community College to direct 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

_____/_____/08
Date

Phone where you can be reached between 8:00 a.m. and 4:30p.m.