

NON-PAYROLL DIRECT DEPOSIT AUTHORIZATION FOR STUDENTS

Last Name _____ First Name _____ MI _____

Daytime Phone _____ Student ID # _____

THIS SECTION MUST BE COMPLETED TO SET UP OR MAKE CHANGES TO DIRECT DEPOSIT

I authorize Dunwoody College of Technology to deposit student account refunds to the bank account number indicated below.

Financial Institution Name _____ Account Type:
Bank Routing Number _____ Checking
Bank Account Number _____ Savings

- I understand that all future student account refunds due to me will be made via direct deposit to the above bank account.
- Please allow at least three business days for processing and account verification.
- This request will remain in effect during entire time I am a student at Dunwoody.
- All requests to change or stop this Direct Deposit Authorization must be made to Dunwoody in writing
- It is my responsibility to notify Accounting of closed accounts at least 3 days prior to disbursement.

Student Signature _____ Date _____

*Refunds to students who have not completed this form will be via a check mailed to the student address on file. It is the student's responsibility to ensure that their address is correct. **Dunwoody can not be held responsible for payments which are lost, stolen, misdirected or delayed by the US Postal Service.***

Please return this completed form by one of the following options:

Mail:

Dunwoody College of Technology
Attn: Accounting, Green 66
818 Dunwoody Blvd.
Minneapolis, MN 55403

In Person: place in drop off box near Accounting entrance (Green 66)

Email: fill out electronically and email (or print, fill out, scan, and email) from your Dunwoody email account to **accounting@dunwoody.edu**

Please DO NOT send this form to your Financial Aid Counselor or the Financial Aid Office.