



Direct Deposit Authorization

A service of:

**Student Financial Services
San Diego State University
5500 Campanile Drive
SSW 2536
San Diego, CA 92182-7425
(619) 594-6422**

New Change Cancel

Last Name _____ First Name _____ MI _____

Red ID _____

Bank Name _____ Branch _____

Bank Address _____

(Number and Street)

(City, State, Zip Code)

Bank Routing Number _____ *The 9-digit bank routing number may be located in the bottom left corner of your check, or check with your bank.*

Account: Checking (attach voided check below) Savings _____
Number

I hereby authorize San Diego State University to deposit my refund via electronic fund transfer (EFT) and my financial institution to credit this amount to my account. This authorization will remain in effect until canceled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. *Note:* I understand that the University needs ten (10) business days to set up this authorization and two (2) business days for EFT after funds become available. In the event that the exercise of this authorization for any reason results in an overpayment of financial aid, I hereby authorize the University to either: a. withhold a sum equal to the overpayment from my next payment of financial aid; or b. debit my above-identified checking or savings account for an amount not to exceed said overpayment. I understand that I may be subject to a financial aid billing which I must repay to SDSU if I withdraw or do not enroll in a subsequent term and have received financial aid via EFT which is in excess of my financial aid eligibility or if an overaward occurs. If my student account becomes delinquent, I understand that it may be subject to collection costs and attorney fees, if applicable. If any action taken by me, without adequate notification to Student Financial Services, results in non-acceptance of the transfer by my financial institution, I understand that the University assumes no responsibility for processing supplemental financial aid until the funds are returned to the University by my financial institution.

Signature

Phone Number

Date

Attach a preprinted voided check in this area if requesting Direct Deposit for a checking account.
(Direct Deposit cannot be processed without this.)

Privacy Notification

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves: The principal purpose for requesting information on this form is to acquire authorization for refund distribution to a financial institution of the individual's choosing. University policy authorizes the maintenance of this information. Furnishing all information on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being submitted.