

UNIVERSITY OF NORTHERN COLORADO

Student Refund Direct Deposit Questions: 970-351-2821
Student Refund and Billing Questions: 970-351-4862 (Option 3)

Student Authorization Agreement for Automated Deposits – US Financial Institution of Choice

Name _____ Bear Number _____
(Please Print)

Cell Phone Number _____

I hereby authorize the University of Northern Colorado to make payment of any amounts owed to me by initiating credit entries to the account listed below. I understand and agree that if an erroneous credit is made to my account that UNC and financial institution are authorized to stop payment, reverse the entry or make any adjustments necessary to my account to correct the erroneous entry. I understand that this authorization will remain in effect until I have cancelled it in writing.

If UNC is not notified **five days prior** to student refund/disbursement that an account is closed the direct deposit will still be processed and may be rejected by the financial institution. I understand that the funds will not be available to me until the original funds are returned to UNC by the financial institution and a check can be processed. I understand that I am responsible for checking the availability of funds in my account and that UNC is not liable for check charges incurred before funds are verified.

I hereby authorize net proceeds for Student Refund/Disbursement to automatically be deposited to the account listed below. If applicable, I hereby authorize net proceeds from payroll to be automatically deposited into the bank account I listed below.

Checking

Savings

Signature _____ Date _____

Tape a VOIDED CHECK for the direct deposit account requested here.

- Deposit slips are only allowed for savings accounts (only if the routing number does not begin with "5")
- If you don't use checks, ask your bank for a "Direct Deposit Letter" which would include the bank name, routing number, account number and your name

If you are requesting funds to be disbursed to someone else's bank account, a memo MUST be submitted that states

"I hereby authorize UNC to distribute all funds to _____ (the other person's name) and I hold UNC harmless in submitting to another person". Student must sign the form.

Submit this form back to the Card Office in the University Center
Fax to: 970-351-3051
Mail to: UNC Card Office, 501 20th Street, Campus Box 2, Greeley, CO 80639