

FINANCIAL AID REFUND CHECK DIRECT DEPOSIT AUTHORIZATION

NOTE: PLEASE ATTACH A "VOIDED" CHECK IN THE BOX BELOW.

MAIL (DO NOT FAX) THIS FORM WITH A VOIDED CHECK TO:

BURSAR'S OFFICE
ESSEX COUNTY COLLEGE
303 UNIVERSITY AVENUE
4TH FLOOR, ROOM 4121
NEWARK, NEW JERSEY 07102

PLEASE CHECK ONE: ☐ START DIRECT DEPOSIT ☐ CHANGE DIRECT DEPOSIT ☐ STOP DIRECT DEPOSIT

Student Name:

(PLEASE PRINT)

LAST NAME

FIRST NAME

MI

ECC Student ID #:

Name of Bank (US BANK ONLY):

Bank Routing/Transit #:

Checking Account #:

I authorize Essex County College to deposit any **excess** funds owed to me from my financial aid awards by depositing directly to the account shown on the attached voided check. If any error in the amount of such deposit is made by Essex County College, I authorize the financial institution to make appropriate debit adjustments/debit/withdrawals, as are necessary to correct such an error, but not to exceed the original amount of credit.

This authorization will remain in force until cancelled in writing or changed by a new request. Any cancellation must be made in such a time and manner as to allow Essex County College and/or your bank a reasonable opportunity to act on it. Any changes must be received by the Bursar's Office.

You will need to submit a new form if you change banks or bank accounts.

STUDENT'S SIGNATURE

DATE

ATTACH VOIDED CHECK HERE

SAMPLE CHECK (NO STARTER CHECKS, YOUR NAME MUST BE IMPRINTED ON CHECK):

YOUR NAME 123 ANY STREET ANYTOWN, ANY STATE 12345		1001
Date _____		
Pay To The Order Of	VOID	\$
Any Bank Hometown, USA 55555		_____ DOLLARS
For	_____	
123456789	0123456789	
Bank's Routing Transit Number	Bank Account Number	