

YALE UNIVERSITY
Direct Deposit Authorization Form for Student Refunds (ONLY)

Check one option: Start Direct Deposit____ Change Direct Deposit____ Stop Direct Deposit____
To stop, complete only Student Information and sign

Student Information
PLEASE PRINT CLEARLY
Name: _____ <small>First/middle/last</small>
Account # (from your Student Account Statement) _____
Telephone No. _____

Bank Information										
Bank Name: _____										
This service is for Checking accounts only . It is available only for banks located within the United States.										
Transit routing No.* _____ Account No.* _____										
<p>* Copy the numbers from your check in the locations shown here</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"><table style="width: 100%;"><tr><td style="width: 60%;">Pat Smith Shady Lane</td><td style="width: 40%; text-align: right;">9876</td></tr><tr><td>pay to order of _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td></td><td style="text-align: right;">Dollars</td></tr><tr><td>Memo _____</td><td></td></tr><tr><td>123456789 000012345678 9876</td><td></td></tr></table></div>	Pat Smith Shady Lane	9876	pay to order of _____	\$ _____		Dollars	Memo _____		123456789 000012345678 9876	
Pat Smith Shady Lane	9876									
pay to order of _____	\$ _____									
	Dollars									
Memo _____										
123456789 000012345678 9876										

For Checking deposit: A voided blank check <u>MUST</u> be attached here
The voided check must contain your name imprinted on it . Thus, it may <u>not</u> be a check from a starter set received upon opening a new checking account.

Please read the following information carefully
I hereby authorize the direct deposit of my student account refund by Yale University in the account and financial institution indicated <u>each time I request a refund</u> ¹ . Any such notification to the University shall become effective following receipt, after a reasonable opportunity to act on it. In the event that the University erroneously deposits funds into my account, I hereby authorize it to debit my account not to exceed the original amount of the credit. This authorization remains in effect until the University receives written cancellation from me. It is my responsibility to advise the University of any change I desire in this direct deposit authorization. <u>It is my responsibility to verify the availability of funds in my checking account before making any transactions.</u>

Student's Signature (required) _____ Date: _____

Note: See important information on the reverse side of this form.

****Be sure to keep a copy for your records****

For Office Use Only: Signature of Yale Processor _____	Date Processed _____
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Return this completed form to the Cashier's Office of Student Financial Services

The Cashier's Office is located on the 1st floor of 246 Church Street. The mailing address is:

Cashier's Office – Student Financial Services
Yale University
P.O. Box 208232
New Haven, CT 06520-8232

DO NOT close, cancel or change your existing bank account without first completing a new Direct Deposit Authorization Form or consulting with the Yale Cashier's Office at (203)432-2718 or refund@yale.edu.

¹ To request a refund, please refer to the refund policy and instructions on our website:
<http://www.yale.edu/sfas/financial/accounts.html#cbr> .