

Action (until further written notice):

- Start Direct Deposit Change Direct Deposit Stop Direct Deposit

- ♦If your employment / enrollment with the college lapses for more than three months, this direct deposit authorization will be inactivated. You will have to reactivate direct deposits by completing this form again before depositing can resume.
- ♦Please allow two (2) weeks processing time for direct deposit to become active

Name: _____ Employee ID / Student ID: _____

Direct Deposit election is for: Financial aid Payroll

Participation in this direct deposit program requires direct deposit of your total net check. We will not provide both a paper check and a partial direct deposit.

Financial Institution (Bank) Information (please print clearly):

Bank Name _____

Branch Name _____ City _____ State _____ Zip _____

Type of Account (check one) ___ Checking Account ___ Savings Account

Routing Number (9 digit #) _____ Account Number _____

-For Checking Account: **ATTACH A VOIDED BLANK CHECK**
The voided check must be preprinted with the bank account #, bank routing #, and your name.

-For Savings Account: **ATTACH A DEPOSIT SLIP**
The deposit slip should be completed by the bank and include account and routing number.

Financial Aid Authorization

I hereby authorize and request Treasure Valley Community College to transfer the full amount of my financial aid award, after deduction of authorized debts to TVCC, to the financial institution (bank) indicated above for deposit in my account. The institution is authorized to deposit and/or make corrections to amounts deposited to my account. I further authorize the bank to credit and/or debit the same to such account.

If, during subsequent evaluation, the Financial Aid Office determines my financial aid need or eligibility has changed, I may be required to repay all or a portion of awards credited to my account and/or funds transferred to my checking or savings account. If I fail to repay these funds, TVCC may withhold registration and transcripts and refer my account for collection and/or litigation. I agree to pay any costs associated with collection of the above.

I agree to notify TVCC's Business Office immediately in writing of any changes to information pertaining to my checking or savings account, or to terminate this authorization. I also understand that I should notify the college of any change of address. Improper notification or incorrect information may result in a processing delay of my refund.

Student Signature _____ Date _____

TVCC is not responsible for returned check charges. Submit completed forms to:

| | | | |
|-----------------|--|-------------------|--|
| By Mail: | Treasure Valley Community College Business Office 650 College Blvd | In Person: | Treasure Valley Community College Student Services Center 650 College Blvd |
|-----------------|--|-------------------|--|

Business Office Use Only

Date Form Received _____ Date Entered _____

PreNote: Approved Not Approved Date Returned