

**Arkansas State University - Mountain Home
Financial Aid Refund
Direct Deposit Authorization Form**

Name (please print) _____ Social Security # _____

Phone# _____ Student ID# _____

Check Where Applicable: (Please check one)

Initial Account:

Change of Bank or Account:

Account Information: (Please check one)

Checking Account:

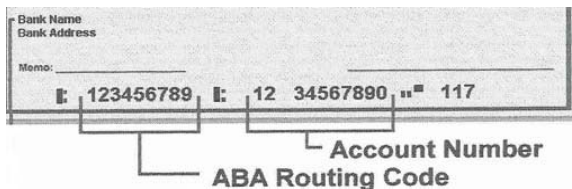
Savings Account:

Bank Name: _____

Bank Location: _____

ABA Routing Code: _____

Account Number: _____



I hereby authorize and request Arkansas State University-Mountain Home (ASUMH) to deposit directly to my checking or savings account for the amount of my refund. I also authorize ASUMH to initiate such debit entries to said account that may be required to correct any erroneous entries to make necessary adjustments.

I acknowledge that it is the responsibility of the Receiving Depository Financial Institution to make the necessary arrangements for obtaining its automated clearing house information to ensure proper funds are deposited.

I will be notified by e-mail that a refund is being deposited. I understand that it is my responsibility to determine the amount that is being deposited.

This authority is to remain in full force and effective as long as I am enrolled as a student at Arkansas State University-Mountain Home or with the Mountain Home Degree Center of Arkansas State University.

Signature: _____

Date: _____

**A VOIDED CHECK OR SAVINGS ACCOUNT SLIP
MUST BE ATTACHED HERE**

Please Return To:
Arkansas State University-Mountain Home
Cashier's Office
1600 South College
Mountain Home, AR 72653