

## Direct Deposit of Student Refunds

STUDENT: \_\_\_\_\_ MUID#: \_\_\_\_\_

PERMANENT  
ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL#: \_\_\_\_\_

I/student understand that overpayment of tuition, fees, room and meals will be refunded by the University through direct deposit into my (must be the students bank account) checking or savings.

I hereby authorize Millersville University to: (circle one)

**START**

**CHANGE**

**CANCEL**

For Direct Deposit to Checking please complete this form and **return with a voided check from the student's checking account.** This check cannot be a starter check. The student's name and address must be pre printed on the check **or a letter from your bank listing the account holder(must be student's account) routing number and account number.**

For Direct Deposit to Savings please complete this form and **return with a letter from your bank** listing the account holder (must be students account) routing number and account number.

2. Name of Financial Institution: \_\_\_\_\_

3. Checking/Savings Acct#: \_\_\_\_\_

4: Bank Routing #: \_\_\_\_\_

I/student have an established account at the financial institution listed above and I authorize Millersville University to initiate credit and, if applicable; adjustments for credit entry errors.

**I/student understand that my authorization will remain in effect until 1 year from last date of attendance or I/student revoke authorization in writing.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return Form To: Bursar's Office  
Millersville University  
P O Box 1002  
Millersville PA 17551

Questions Call: 717 872 3641