

Direct Deposit of Refunds

Name: _____ MU ID #: _____

Address: _____

Phone #: _____ Cell Phone#: _____

I understand that any overpayment of tuition, fees, room and board will be refunded by the University through direct deposit into my checking or savings account listed below.

I hereby authorize Millersville University to: (circle one) Start Change Stop direct deposit of my refund. The Bursar's office will notify me if the institution I choose does not qualify.

Name of your Financial Institution: _____

Transit Routing Number: _____

(first nine digits printed at the bottom left corner of most checks for checking account and bottom left corner of deposit slip for savings accounts)

Account Number: _____

Type of Account: (circle one) Checking Savings

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

I have provided a copy of a voided check (for electronic transfer to a checking account) or a deposit slip (for electronic transfer to a savings account) solely for the purpose of verifying my account number and the financial institution's transit routing number.

I understand that my authorization will remain in effect until revoked by me in writing. Furthermore, I understand that any change I initiate with my direct deposit (financial institution, account number, mailing address, ending direct deposit, etc.) will be made no later than two weeks after notifying the Bursar's Office.

Student Signature: _____ Date: _____

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

Questions Call: 717-872-3641