



FORDHAM UNIVERSITY

THE JESUIT UNIVERSITY OF NEW YORK

Direct Deposit Agreement for Student Refunds

Please attach a voided check and return this form to:
Fordham University 441 East Fordham Rd. TH 205 Bronx, NY 10458

Name _____

Fordham ID _____

Please check one of the following boxes:

Initiate Direct Deposit **Stop Direct Deposit** **Misc. Changes**

Account Information: Account Type

Checking **Savings**

Bank Name: _____

Routing Number: _____

Account Number: _____

Authorization Agreement:

I hereby authorize Fordham University to initiate automatic deposits for student refunds to my personal bank account at the financial institution named above. I certify that I have signing privileges to the above referenced bank account. If funds which I am not entitled to are deposited, I authorize my bank to honor Fordham University's instructions to refund any amount it has deposited into my account. This authorization will remain in effect until I have cancelled it in writing. I also authorize Fordham University to make withdrawals from this account to reverse a credit entry is made in error.

Further, I agree not to hold Fordham University responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Fordham University receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Student Financial Services Office. Fordham University reserves the right to cancel this agreement without prior notification.

I understand that this authorization is only applicable to direct deposits of student refunds as a result of a credit balance existing on my student account at Fordham University. This agreement does not supplement or replace any other authorizations for direct deposit as they relate to other forms of payment that may be owed to me by Fordham University including but not limited to payroll and payment for services.

Signature _____ **Date:** _____

Office Use Only:

Verified: _____ **Date:** _____