Lake Region State College Direct Deposit Authorization
For Financial Aid and other Reimbursements/Refunds

I authorize Lake Region State College and the financial institution listed below to initiate electronic credit entries for financial aid amounts in excess of amounts owed to LRSC, and if necessary, debit entries and adjustments for credit entries made in error to my account. My signature on this form supersedes any other financial aid ACH form. **It is my responsibility to notify the Business Office when I close this account, change accounts and/or banks. This direct deposit will remain in effect until written notification from me is received in the Business Office that states otherwise.**

THE DIRECT DEPOSIT REQUEST TAKES 10 BUSINESS DAYS TO PROCESS. A PAPER CHECK MAY BE ISSUED IF THIS PROCESS IS NOT COMPLETE PRIOR TO ISSUANCE OF REFUND.

Name _____ Home Phone: (____)_____
Last Name First Name M.I. Work Phone: (____)_____

EMPL#: _____

Remit Address: This address will be used to mail remittance advice(s) for all payments except employees employed on campus. It is my responsibility to inform Lake Region State College Business Office of any changes to my address.

_____
Street Address City State Zip

Bank Account for Deposit:
NEW REQUEST: _____ CHANGE: _____ DISCONTINUATION OF ACH: _____

Bank Name: _____ Routing Number: _____
(9 digits; lower, left-hand side of check)

Bank City: _____ Account Number: _____

Type of Account: ☐ Checking (Attach voided check) ☐ Savings (Attach deposit slip)

The Direct Deposit request may not be processed without the requested attachment.

Faxed copies will not be accepted because we need an original signature and a voided check blank or savings deposit form.

Acknowledgement
I acknowledge, by signature below, that I understand <u>each</u> time I receive financial aid from Lake Region State College, I have an obligation to inform the Lake Region State College Financial Aid Office if I am NOT a fully registered student or if I otherwise believe that I NOT entitled to the aid I receive. If an error occurs during the transmittal of the requested ACH, I understand this request will become void and a check will be issued until the error has been resolved. I understand that the deposit for all payments will show on my bank account 2-3 banking days after transmittal and I should contact my financial institution to verify the receipt of funds.

Signature _____ Date _____

Send original completed form to:

Lake Region State College
Attn: Business Office
1801 College Dr N
Devils Lake ND 58301-1598