



Direct Deposit Agreement

I hereby authorize Aultman College of Nursing and Health Sciences to:

1. transfer the full amount of the credit balance onto my student account, after deductions for tuition, fees, housing, and other charges, to the financial institution indicated, and
2. if necessary, initiate debit entries and adjustments for any credit entry changes to my CAMS student billing account.

This authorization will remain in effect until canceled in writing, or upon graduation. A new authorization must be completed if I change my account, close my account, or change financial institutions. Failure to do so will cause a delay in receiving my deposit. The Direct Deposit Authorization can be printed off the CAMS Student Portal or picked up in the College Office.

I understand:

- The credit balance on my student account will be deposited directly to my bank account.
- Prior to writing any checks or attempting to withdraw deposited funds, I should contact my financial institution to verify receipt of funds.
- In the event that funds are disbursed to you by direct deposit in error or recalculation, the College reserves the right to debit your CAMS student billing account for the amount of overpayment. We are required to notify you upon processing a debit against student billing account.
- The Billing Office will not use the information contained on the Direct Deposit Authorization form for any purpose other than direct deposit transactions.
- If, during subsequent evaluations, the Financial Aid Office or any Third Party sponsor, determine my financial aid need or eligibility has changed, I may be required to repay all or a portion of awards credited to my account and/or funds transferred to my checking account. Failure to repay these funds could result in financial holds being placed on all my academic records, referral of my account for collection or litigation and/or referral to the United States Department of Education. I will pay any costs associated with the above.
- If I take any action, without adequate notification to the Billing Office, which results in non-acceptance of a transfer by my financial institution, I understand that Aultman College of Nursing & Health Sciences assumes no responsibility for processing a replacement transaction until the funds are returned to Aultman College by my financial institution.

I agree to notify Aultman College immediately in writing of any changes to information pertaining to my checking account or to terminate this authorization. I also understand that I should insure my address information is current by accessing my CAMS Student Portal account.

Signature

Date