

***Aultman College Student
Direct Deposit
CANCELLATION Form***

Student Name _____ SS# _____
Email Address _____
Bank Identification # : _____ (Routing Number)
Account Number: _____
Name of Bank: _____
Bank Address: _____
Address: _____
Address: _____
City / State / Zip _____
Bank Contact Name: _____
Telephone: _____
I understand that I am authorizing Aultman College of Nursing and Health Sciences to CANCEL all direct deposits of refunds due to credit balances with this form. I further understand that all future refunds, if any, will be sent to the home address listed in CAMS via paper check.
_____ Signature
_____ Date