

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

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| 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 |