



## DIRECT DEPOSIT AGREEMENT AND AUTHORIZATION

Aultman College offers you the ability to have your student account credit balance deposited directly into your bank account, safely and expediently. Direct deposit is advantageous because you will not have to wait on the mail to receive your check. **To opt in, please return this form and a voided check to:**

Aultman College  
Billing Office  
2600 Sixth St SW  
Canton, OH 44710

By signing this document, I authorize Aultman College to initiate deposits to my specified account and the banking institution indicated on the back of this form, to transfer the full amount of the credit balance on my student account, after deductions for tuition, fees, housing, and other charges, to that financial institution, and to make any adjusting debit entries to my student portal account, in the event of an overpayment to my account, up to the amount of overpayment.

By signing this document, I understand that the credit balance on my student account will be deposited directly to my bank account, and that prior to writing any checks, or attempting to withdraw any deposited funds, I should contact my financial institution to verify receipt of funds. I understand I am responsible to pay Aultman College any amount resulting from overpayment to my account. I understand that 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 assumes no responsibility for processing a replacement transaction until the funds are returned to Aultman College by my financial institution. I understand that it is my responsibility to verify my account balance periodically on the student portal. In the event that funds are disbursed to you by direct deposit in error or recalculation, the college reserves the right to debit your student billing account for the amount of overpayment. We are required to notify you upon processing a debit against student billing account.

Please note, 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.

**This authorization is to remain in full force and effect until the college has received written notification from me of its termination in such time and in such manner as to afford the College reasonable opportunity to act on it.**

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Student Signature

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Date



## DIRECT DEPOSIT ACCOUNT INFORMATION

STUDENT NAME \_\_\_\_\_

SS # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**PLEASE REMEMBER TO ATTACH YOUR VOIDED CHECK TO THIS FORM.  
IF YOU DO NOT HAVE A VOIDED CHECK, THE BANK CAN PRODUCE A DOCUMENT FOR YOU WITH THE  
INFORMATION WE NEED ON IT.**