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