



## AUTHORIZATION FOR DIRECT DEPOSIT OF FINANCIAL AID REFUND

I authorize Presentation College and the financial institution named below to initiate deposits and/or corrections to my checking or savings account indicated below. This authority is to remain in full force and effect until I cancel/change it by giving written notice to the Business Office at least two weeks in advance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account No. \_\_\_\_\_ Checking  Savings

**--STAPLE VOIDED CHECK HERE— (Deposit slips not accepted)**

**Please bring completed form to Business Office in E324 at Aberdeen campus or mail it to:**

**Attn: Student Accounts  
Presentation College  
1500 N Main St  
Aberdeen, SD 57401**