



## Authorization for Direct Deposit of Credit Balances

**(NOTE: DO NOT USE FOR PAYROLL DIRECT DEPOSIT)**

Main Campus

Fort Campbell

**I hereby authorize:**

- 1) Austin Peay State University to transfer my refund via electronic fund transfer (ETF) and
- 2) My financial institution to credit this amount to my account listed below.

New Deposit

Change Deposit

Cancel Deposit

This authorization will remain in effect unless cancelled in writing. If I change or close my account, or change my financial institutions, I understand that I must complete and submit a new authorization. *Note: I understand that the University needs four (4) business days from the date of receipt of the authorization to set up direct deposit files. I further understand that after my funds become available, three (3) business days will be required by the University to transfer the funds to my account.*

By signing this form, I understand that I am authorizing Austin Peay State University to deposit into the account indicated any Title IV funds which I have received. I understand that my financial aid funds may be adjusted if I withdrew from the University, drop classes, or receive an over award. If this adjustment results in a charge to my student account after my direct deposit has been processed, I understand that it is my responsibility to arrange for payment of this charge.

If my financial institution due to a change or error on my part does not accept my EFT, I understand that these funds cannot be released to me until the EFT has been returned to the University. I further understand that prompt notice to Accounting Services of any changes in my bank account status will avoid such delays.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Plus Loan Information

If loan refunds were designated to the parent(s) instead of the student, then the parent(s) may elect direct deposit by completing this information.

Parent's Name: \_\_\_\_\_

Name of Bank/Credit Union: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Checking     Savings

Parent's Social Security Number: \_\_\_\_\_

Parent's Mailing Address: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

If you have further questions or need additional information, please contact Accounting Assistant, Ben Pollard by email at [pollardb@apsu.edu](mailto:pollardb@apsu.edu) OR by phone at 931-221-7251.

This completed form can be sent by email ([pollardb@apsu.edu](mailto:pollardb@apsu.edu)) or may be mailed to:

Austin Peay State University  
Accounts Payable  
P.O. Box 4635  
Clarksville, TN 37044

Email: Ben Pollard [pollardb@apsu.edu](mailto:pollardb@apsu.edu)