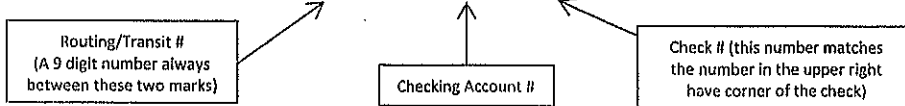
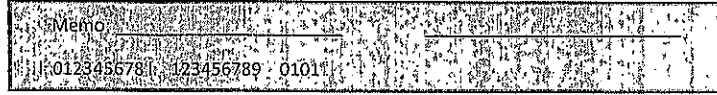


**College of Menominee Nation Authorization for Direct Deposit
Student Financial Aid Refunds**

To change or enroll in direct deposit service simply fill out this form and return to the Student Records and Billing Coordinator. If depositing into a savings account, ask your financial institution to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly. Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ Or Entire Net Amount

2. Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

3. Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

I hereby authorize and request the College of Menominee Nation, until this authorization is revoked as described below, to transfer the full amount of Student Account funds, after deductions for tuition, fees and other charges due to the College of Menominee Nation, to the financial institution for deposit to my account as indicated.

If any action taken by me, without adequate notification to the Student Records and Billing Coordinator, results in non-acceptance of the transfer by my financial institution. I understand that the College of Menominee Nation assumes no responsibility for processing replacement financial aid until the funds are returned to the College of Menominee Nation by my financial institution.

I acknowledge that I am responsible for repayment if I receive money I am not entitled to, and if funds are deposited into my bank account in error, the College of Menominee Nation, has five (5) business days to reverse an error under Section 2.9 of the NACHA Operating Rules.

Employee Name: (Print) _____ Social Security Number _____

Employee Signature: _____ Date: _____