



Authorization for Direct Deposit Student Financial Aid Refunds

To enroll in or make changes to your **direct deposit**, please **complete** this form and **email** it to **payables@menominee.edu**.

Please contact your bank or credit union to ensure you are using the correct Routing Transit Number.

Bank Name: _____ Routing Number: _____

Account Number: _____ Account Type (check one): ☐ Savings ☐ Checking

I hereby authorize the College of Menominee Nation to transfer the full amount of my Student Account funds—after deductions for tuition, fees, and any other charges owed to the College—to the financial institution listed on this form for deposit into my account. This authorization will remain in effect until I submit written notice to cancel or change it.

I understand that if I do not notify the College of changes to my bank information, and my financial institution rejects the transfer, the College will not reissue the payment until the funds are returned; this process could take up to 5 working days.

I also acknowledge that I am responsible for repaying any funds deposited into my account that I am not entitled to. If funds are deposited in error, the College of Menominee Nation has five (5) business days to reverse the transaction, in accordance with Section 2.9 of the NACHA Operating Rules.

Student Name (Print): _____ Student ID: _____

Student Signature: _____ Date: 1/12/2026