Duke University Bursar's Office – Student Accounts

## Direct Deposit Authorization for Student Account Refunds

Please provide the following information to sign up for direct deposit of refunds from your student account and other related student reimbursements. The completed form and **VOIDED** check can be

- faxed to: (919) 684-3091, or mailed to: Bursar's Office - Student Accounts
  324 Blackwell Street, Suite 1000
  Durham, NC 27701

An e-mail confirmation will be sent to you upon receipt of your form. For additional information, please visit www.bursar.duke.edu and click on Direct Deposit Information.

### Student Information

Duke unique ID (found on the back of your DukeCard): _____

e-mail address where we should send confirmation: _____

Name: _____
Last First MI

### Type of Direct Deposit Authorization (please circle one)

New Authorization Change Financial Institution* Cancel Authorization*

* note: current bank information will remain in effect for a minimum of 30 days

ATTACH VOIDED CHECK HERE

### Financial Institution Information

Please attach a **VOIDED**, pre-printed check from your domestic bank account that you would like to have credited for the direct deposit of your refunds. We are unable to accept deposit slips or starter checks. Your name must be on the check as one of the account holders; refunds from your student account will only be direct deposited into a bank account listing you as an account holder.

### Authorization

I authorize the deposit of my student refund and other student reimbursements to the financial institution indicated on the attached **VOIDED** check. I further agree to the following conditions:

1. This authorization remains in effect until The Bursar's Office receives notification of change or cancellation from the financial institution or the student
2. The University reserves the right to recall or adjust any deposits improperly created and deposited to my account.
3. I authorize the financial institution to honor any recall/adjustment request made by Duke University. I further authorize the financial institution to withdraw monies available in any of my accounts at the institution in the event there are insufficient funds available in the account to cover the deposit error at the time of the recall/adjustment.
4. Any changes to this authorization must be received by the Bursar's Office at least 30 days prior to the day on which the University is obligated to honor it.
5. I will hold the University harmless for any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.
6. If information is invalid or incorrect, I will be contacted via e-mail.

**Student signature:** _____ **Date:** _____

*This form will not be processed without your signature*