

# Kansas State University

## AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (Direct Deposit) OF EXCESS FINANCIAL AID AND TUITION/FEES REFUND

Select One: ( ) New Authorization ( ) Bank Account Number Change ( ) Cancellation

**IMPORTANT: A preprinted voided check for a U.S. checking account MUST be attached to this authorization. (No photocopies are allowed. Failure to furnish a voided check will prevent the processing of this authorization.) EFT may only be made into an account where the payee is listed as an owner of the account. \*Parent Plus loan proceeds cannot be electronically transferred to a student account unless the parent is an account owner and student refunds cannot be electronically transferred into parent accounts unless the student is an account owner.**

### STUDENT INFORMATION (REQUIRED)

(Please print)

Last Name	First Name	MI	Student ID Number

### PARENT INFORMATION \*Required ONLY if parent wants to authorize EFT for Parent Loan proceeds. (Please print)

Last Name	First Name	MI	Social Security Number

### PARENT INFORMATION \*Required ONLY if parent wants to authorize EFT for Parent Loan proceeds. (Please print)

Last Name	First Name	MI	Social Security Number

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

Bank Address \_\_\_\_\_  
(Number and Street) (City, State, Zip)

### AUTHORIZATION

By signing this form I hereby authorize Kansas State University to deposit my refund of excess financial aid and/or tuition/fees via Electronic Funds Transfer (EFT) and I authorize the Bank to credit my account for this amount. I also authorize the University to correct any errors that may occur from these transactions and will hold them harmless from any loss suffered. I must allow ten (10) business days for the university to process this authorization. Notification of an EFT deposit will be made only through my University email account.

**This authorization will remain in effect until canceled or changed in writing by me.**

_____	_____	_____
Student Signature (Required)	Phone Number	Date
_____	_____	_____
Parent Signature (Parent Plus Proceeds Only)	Phone Number	Date
_____	_____	_____
Parent Signature (Parent Plus Proceeds Only)	Phone Number	Date

**(Parent EFT authorization is ONLY for the proceeds from a Parent Loan.)**

### CANCELLATION (this is only to stop an existing EFT authorization)

I hereby cancel the authorization for Kansas State University to originate Electronic Funds Transfer deposits to my checking account. I understand that subsequent refunds of financial aid or tuition/fees will be made via a paper check.

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

*Please return this signed and completed form to the University Cashiers Office, Room 212, Anderson Hall or mail to Controller's Office-Cashiers, P.O. Box 68, Manhattan, KS 66505. Questions? Call (785)-532-6317 or email [cashiers@ksu.edu](mailto:cashiers@ksu.edu).*