

# Kansas State University

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

## PARENT LOANS ONLY

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 can only be electronically transferred to an account where the parent(s) is/are registered as an account owner.**

### STUDENT INFORMATION (REQUIRED)

(Please print)

Last Name	First Name	MI	Student ID Number

### PARENT INFORMATION

Last Name	First Name	MI	Social Security Number

### PARENT INFORMATION

Last Name	First Name	MI	Social Security Number

### 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.**

_____ 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
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*Please return this signed and completed form to the University Cashiers Office, Room 211, Anderson Hall or mail to [Fkxhlp'qhHlpcpekrlUgt xlegu-Cashiers, P.O. Box 68, Manhattan, KS 66505. Questions? Call \(785\)-532-6317 or email \[cashiers@ksu.edu\]\(mailto:cashiers@ksu.edu\).](mailto:cashiers@ksu.edu)*