## **Kansas State University**

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (Direct Deposit)

## OF EXCESS FINANCIAL AID AND TUITION/FEES REFUND

## **PARENT LOANS ONLY**

<b>Select One:</b> ( ) New Authoriz	ation ( ) B	ank Account Number C	Change ( )	Cancellation
IMPORTANT: A preprinted VOID authorization. Failure to furnish a valso be emailed to cashiers@ksu.edu	oided check wi	ill prevent the processi	ing of this aut	
STUDENT INFORMATION (RE	QUIRED)	(Please print)		
Last Name	I	First Name	MI	Student ID Number
PARENT INFORMATION				
Last Name	I	First Name	MI	Social Security Number
D. DELVE INTODICATION				
PARENT INFORMATION  Last Name		First Name	MI	Social Security Number
2,400				
By signing this form I hereby authorize uition/fees via Electronic Funds Trans authorize the University to correct any from any loss suffered. I must allow to Notification of an EFT deposit will be  This authorization will	efer (EFT) and I errors that may en (10) business made only throu	authorize the Bank to c occur from these transa days for the university ugh my University email	redit my according and will to process this il account.	unt for this amount. I also ll hold them harmless authorization.
Parent Signature (Parent Plus Proceeds Only)		Phone Number		Date
Parent Signature (Parent Plus Proceeds Only)		Phone Number		Date
(Parent EFT auth	orization is ON	LY for the proceeds fro	om a Parent L	oan.)
CANCELLATION (this is only hereby cancel the authorization for Kan hecking account. I understand that subs	sas State Univers	sity to originate Electron	ic Funds Trans	
Signature		Date		

Please return or mail this signed and completed form to the Cashiers Office, Kansas State University, 211 Anderson Hall, 919 Mid-Campus Dr. North, Manhattan, KS 66506. Questions? Call (785)-532-6317'qr email cashiers@ksu.edu.