

**Authorization for Direct Deposit of Financial Aid Refund**  
**Return completed form and voided check to**  
**MiSPP Financial Aid, 26811 Orchard Lake Road, Farmington Hills, MI 48334**

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Print Name – Last	First	Middle	MiSPP ID#
_____			@mispp.edu
_____		_____	
Phone Number		Email	

**U.S. Banking Information**      -      Attach voided check for account verification

- New Request                               Change Existing Account                               Cancel Authorization

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Bank/Credit Union Name (U.S. Institutions Only)	Account Number
_____	

ABA Bank Routing Number

- Checking\*     Savings\*\*

\* For checking and draft accounts you must attach a blank VOID check. (No starter checks – your name must appear on the check.)  
\*\* For savings accounts, you must include you financial institution’s account and routing numbers. (Obtain from your financial institution.)

By signing and submitting this authorization, I certify that I understand and agree that:

1. This authorization applies to financial aid refunds, and remains in effect until cancelled by me.
2. MiSPP (the school) may initiate deposit (credit) transactions, and if necessary, reversal/correction (debit) transactions for any deposit made in error to my account. The financial institution listed above may credit and/or debit the same into such account.
3. The account listed above belongs to me and I have access to the funds in such account.
4. I authorize the financial institution to honor any reversal/correction initiated on the behalf of MiSPP. And I hereby absolve the financial institution from any liability that it might incur as a result of honoring such an adjustment request by the school. 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 designated to receive deposits, to cover any deposit error at the time of the reversal adjustment.
5. Any change to this authorization must be received by the school at least 10 days prior to the refund date in which the school is obligated to honor this authorization.
6. I absolve the school from any liability to pay charges for insufficient fund transactions that result from a failure within the Automated Clearing House network to correctly and timely deposit monies into my account.
7. It is my responsibility to communicate with the financial institution above to ensure that all direct deposits have been correctly applied to my account.

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<b>Signature</b>	<b>Date</b>
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