



Financial Aid Direct Deposit Authorization

INSTRUCTIONS: Please complete this form requesting automatic deposit of your refund check and attach a voided check to verify your account number and bank routing number. Funds will not be direct deposited without a voided check.

Account Type: _____ Checking _____ Savings

Bank Account #: _____

Bank Routing # / ABA #: _____

Bank Name: _____

Bank Address	City	State	Zip
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Please attach a voided check here

I hereby authorize Huntsville Bible College to deposit any amounts owed to me by initiating credit entries to my account at the financial institution indicated on this form. I also understand that I can cancel this authorization at any time. To cancel, I must give written notice to the Huntsville Bible College (HBC) Financial Aid Office. My cancellation will become effective when the Finance Office receives my notice of cancellation and has had a reasonable period of time upon which to act on it.

Authorized Signature: _____ Date: _____

Print Name: _____ Student ID: _____