

Lawson State Community College

Student Direct Deposit Enrollment Form (Revised)



Authorization Agreement for Direct Deposits (ACH Credits)

Student Name _____ Student # _____

I hereby authorize Lawson State Community College to initiate credit entries and to initiate debit entries and adjustments for any credit entries made in error to my account. Please indicate the depository or financial institution named below, hereinafter call **DEPOSITORY**, and to credit the same to such account.(s)

DEPOSITORY OPTIONS # 1

Name of Bank: _____ Bank Routing # _____

Account # _____ Account Type () Checking () Savings

DEPOSITORY OPTION #2 () Paysource VISA/Debit Card _____

This authorization is to remain in full force and effect until Lawson State Community College has received written notification from me of its termination in such time and in such manner as to afford Lawson State Community College a reasonable opportunity to act on it. **This form must be accompanied with voided check. (No deposit slips for checking account deposits!)** All savings account deposits must be accompanied by the appropriate form from your banks.

All refunds/payments/credits from Lawson State will be issued by direct deposit as long as this is valid.

Student Signature

Date

BAO USE ONLY

Check /Form Attached: () Yes () No

Date: _____

By: _____