

University of the Incarnate Word
Direct Deposit Authorization Form for Student Refunds (ONLY)

Direct deposit:
Start _____
Change _____
Cancel _____

Please Initial

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Name: _____
(First/middle/last)

Student ID Number: (on your Student ID card) _____ Telephone No. _____

Cardinal email address: _____
All university communications will be directed to your Cardinal email account. We strongly encourage that you check your Cardinal email frequently.

BANK INFORMATION

Bank Name: _____
We cannot process direct deposit student refunds to international bank accounts

Routing No. _____ Account No. _____

Please circle one: Checking account Savings account

DO NOT close, cancel or change your existing bank account without first completing a New Direct Deposit Authorization Form or consulting with the Business Office at (210) 829-6043 or busad@uiwtx.edu.

A voided blank check MUST be attached here. The voided check must contain your name imprinted on it. Thus, it may not be a check from a starter set received upon opening a new checking account. If you do not have a blank check we will require a letter from your bank verifying your information. We cannot accept a deposit slip as proof of your bank information.

My signature indicates that I have read and understand the information below and agree to the terms.

I hereby authorize the direct deposit of my student account refund by University of the Incarnate Word in the account and financial institution indicated above. If amounts to which I am not entitled are deposited into my account, I authorize UIW to direct my Financial Institution to return the funds not to exceed the original amount of the credit. I understand that if I change and/or drop a course or my financial aid changes during any term, any funds which have been posted to my student account from which I accept a refund will require me to return the full amount of tuition, fees and/or financial aid back to UIW. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that UIW may withhold any amounts owing to me until such is repaid. I promise to pay all attorney's fees and other reasonable collection cost and charges necessary for the collections of any amount not paid when due.

I understand that this authorization will remain in effect unless discontinued by my written request. It is my responsibility to advise the University of any changes I desire in this direct deposit authorization. It is my responsibility to maintain the designated account as open to prevent rejected or returned entries. It is also my responsibility to verify the availability of funds in my checking account before making any transactions. The University is not responsible for NSF fees.

Student's Signature (required) _____ **Date:** _____

Return this completed form to the Business Office. Fax copies will be accepted. The Business Office is located on the first floor of AD building, room 190. The mailing address is: University of the Incarnate Word, Business Office, CPO 291, 4301 Broadway, San Antonio, Texas 78209, Fax 210-829-2745

OFFICE USE ONLY

Entered by: _____

Date: _____