



JEFFERSON COLLEGE
of HEALTH SCIENCES

DIRECT DEPOSIT AUTHORIZATION

Student's Name: _____
Last First M.I.

Social Security Number:

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I hereby authorize Jefferson College of Health Sciences to initiate deposits and to initiate, if necessary, adjustments for any deposits made by the college in error to my checking account.

Name of Financial Institution: _____

Branch (City and State): _____

I understand that in the event Jefferson College of Health Sciences notifies my financial institution that I am not entitled to the funds deposited to my account, my Financial Institution is authorized to debit my account for the amount of the adjustment. I agree to notify Jefferson College of Health Sciences immediately of any changes to the information so that my loan (s) may be properly distributed. This authority is to remain in full force and effect until Jefferson College of Health Sciences has received written notification from me of its termination in such time and in such manner as to afford Jefferson College of Health Sciences and the Financial Institution a reasonable opportunity to act on it.

Student Signature: _____ **Date:** _____

CHECKING ACCOUNT INFORMATION

Please attach a voided check from your checkbook. The voided check should include your preprinted name and address.

ATTACH A VOIDED CHECK HERE

A deposit slip, an ATM receipt or any other form cannot be used. Attaching a check is the only acceptable way of participating in this process.

Return to: Jefferson College of Health Sciences
Bursar's Office
101 Elm Avenue, SE
Roanoke, VA 24013

ANNUAL DIRECT DEPOSIT AUTHORIZATION

Your Stafford Loan proceeds can be deposited into your college student account to pay any debts owed to Jefferson College of Health Sciences through an automated process called **Electronic Funds Transfer (EFT)**.

Once the EFT loan payment is received, it will be credited to your student account. If funds remain after Jefferson College of Health Sciences charges are subtracted, the surplus will be transferred into your personal checking account through a process called Direct Deposit.

You will be notified of the funds transferred and of any surplus or refund, through your campus E-mail address, or mailing address. Entering students may be assigned an E-mail address at the beginning of classes.

If you choose to use the Direct Deposit service please complete and sign the enclosed Authorization Agreement. Return the completed Authorization Agreement to Jefferson College of Health Science's Bursar's Office as soon as possible. If you have any questions, please call the Bursar's Office at (540) 985- 8272 or the Office of Financial Aid (540) 985- 8483.

REMINDER: This form must be completed and a voided check attached by ALL students using Direct Deposit.