

HAGERSTOWN COMMUNITY COLLEGE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR

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I hereby authorize Hagerstown Community College to initiate credit entries and if necessary, debit entries and adjustments for credit entries made in error, to the bank account listed below. I understand that this authorization will remain in effect until I forward written notification to Hagerstown Community College requesting termination of this service, allowing sufficient time for Hagerstown Community College to process my request. **PLEASE NOTE THAT THIS IS FOR REFUNDS ONLY AND NOT FOR PAYMENTS OF TUITION/FEES**

Name: (Please Print) _____

Student ID or Social Security #: _____

Student E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Select One Account Type: (Please Check ONE) _____ Savings _____ Checking

Bank Routing #: _____ Bank Account #: _____
(Transit Routing # which (Account Number)
is located in lower left corner of check)

Bank Name _____

Student's Signature _____ Date _____

Please attach voided check which identifies the account where your refund is to be deposited