



Cornell College

STUDENT ACH AUTHORIZATION FORM

I authorize Cornell College to electronically deposit refund payments for the selected options below to the bank account noted below via Automated Clearing House (ACH) in accordance with applicable provisions of U.S. law.

- Work Study Payroll
- Refunds / Reimbursement

STUDENT NAME:

ID:

EMAIL:

**Please print name as it appears on the bank account*

Primary Account Information			
Select One: <input type="checkbox"/> Checking Account		<input type="checkbox"/> Savings Account	
Financial Institution Information:			
<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Bank Routing Number:			
Bank Account Number:			
Payroll ONLY: \$ OR %			

(Optional) 2nd Account Information for Payroll (<i>must be remainder of check</i>):			
Select One: <input type="checkbox"/> Checking Account		<input type="checkbox"/> Savings Account	
Financial Institution Information:			
<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Bank Routing Number:			
Bank Account Number:			

This authorization will remain in effect until the College receives written notification of change or cancellation from me. I understand that if I fail to notify Student Accounts and/or Payroll in a timely manner that my account has changed or been cancelled and the funds are not able to be deposited into my account, a replacement check will be produced only upon receipt of the original funds into the College bank account. This could take up to two weeks.

In the event that funds are erroneously deposited to the undersigned's bank account, I authorize Cornell College to direct my bank to return any deposited funds to which I was not entitled by adjusting my bank account as appropriate.

Signature: _____ Date: _____

Must show photo ID when returning completed form to: Business Services, 3rd Floor of Old Sem
Allow 7 to 10 business days for processing.

FOR BUSINESS OFFICE ONLY:

Verified By/Date:

Payroll:

Refund/Reimbursement:

Entered By/Date: