



Financial Aid PARENT Direct Deposit Authorization Form

IT IS CRITICAL THAT YOU NOTIFY THE FINANCIAL AID OFFICE IF YOU CHANGE BANKS AND/OR ACCOUNT NUMBERS.
Please contact the Financial Aid Office. 785-738-9062 or lbergmann@ncktc.edu

PARENT NAME (Please Print): _____

STUDENT NAME: _____

LAST 4 OF STUDENT SSN#: XXX-XX _____ Phone #: _____ Email: _____

SELECT OPTION: (Please check one box Only)

- Checking Account (**Attach a voided, pre-printed check**)*
- Savings Account (**Attach bank statement that includes account holders name, name of Bank, Account number, Routing (ABA) number, if the routing number is not preprinted then a temporary check can be used in addition to the statement**) *

I hereby authorize North Central Kansas Technical College to initiate credit entries to my checking or savings account in order to directly deposit any cash financial aid and/or refunds I may receive. I understand and agree to the following as a result of participation in this Direct Deposit program.

- A. This agreement applies only to financial aid refunds.
- B. This enrollment agreement needs to be completed at least 30 days before your first scheduled disbursement.
- C. You will be notified via-email when an EFT refund has been disbursed to your bank account. You should allow at least 24 hours for the funds to show up in your account. If, after 24 hours, the funds have not been posted to your account, contact the Financial Aid Office.** The participant should confirm this deposit with the bank first.
- D. Termination of this agreement must be made by written notification to the Financial Aid Office. Such notice should include your name and student identification number or social security number. You will need to fill out Direct Deposit Cancel/Change Request Form.
- E. If an automatic paid deposit (APD) cannot be credited to an account because the account has been closed, the bank will reject the direct deposit and reroute the funds back to the issuing bank. **This return process may take several days and will be subject to a bank processing fee currently set at \$30.00.***** Participants in this program agree that if a direct deposit is rejected, a replacement check (less the \$30.00 processing fee) will only be issued after the funds are received back by the school.

BANK INFORMATION

Financial Institution Name: _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

I understand that if I do not sign up for Electronic Funds Transfer (EFT) my financial aid will be disbursed by check and mailed to my local address on record with the college. I also acknowledge that it may take up to two weeks to be delivered by the US Postal Service, and NCK Tech is not responsible for lost or destroyed checks. I have reviewed a copy of the Financial Aid Student refund Process and understand my options.

Signature: _____ Date: _____

*Must accompany application or request will NOT be processed.

**Verify with your financial institution as to the exact time of deposit.

***Subject to change according to bank charges.