Illinois Eastern Community College
Direct Deposit of Financial Aid Refund

☐ **New** ☐ **Change** ☐ **Cancellation**

PLEASE ATTACH A VOIDED CHECK OR A DIRECT DEPOSIT LETTER FROM YOUR BANKING INSTITUTION

Please Print

Student Information:

Name (Last, First, Middle) _____ Student ID No. _____

Street _____ City _____ State _____ Zip _____ (Area Code) Phone No. _____

Bank Information: ☐ Checking ☐ Savings

ABA Routing No. _____ Account No. _____

Name on Account _____

Bank Name _____ (Area Code) Phone No. _____

City _____ State _____ Zip _____

I understand:

- **Notification of direct deposit activity will be sent to my IECC Entrata email. (www.iecc.edu/entrata)**
- **If I close/change my bank account, I understand that IECC will not process further direct deposits until my financial institution returns all required information to IECC.**

I/we authorize Illinois Eastern Community College to initiate EFT deposits to my/our bank account for refunds applicable to the student's account listed above. Illinois Eastern Community Colleges is authorized to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my/our account indicated above and to other accounts I/we identify in the future ("The Account"). This form must be returned no later than 5 business days before the financial aid disbursement. This authorization is to remain in effect until the authorizing person named below has given 30 days' written notification of termination of this contract.

Signature _____ Date _____

This form applies to your ***student account refund check only*** *.*

←←←Send Completed Form to the College Financial Aid Office→→→