

Direct Deposit Authorization Form For Student Refunds

Student ID/SSN

Student Name
Last Name First Name

Priority Contact Number -

Payment Information (Checking Account—Attach copy of voided check)

Bank Name

Bank Routing #

Account #

City

State Bank Phone Number

I hereby authorize and request Henderson State University (HSU) to deposit to my account for the amount of my refund. I also authorize HSU to initiate such debit entries to said account as may be required to correct any erroneous entries to make necessary adjustments.

I acknowledge that it is the responsibility of the Receiving Depository Financial Institution to make the necessary arrangements for obtaining its automated clearing house information to ensure proper funds are deposited.

I understand that it is my responsibility to determine the amount that is being deposited.

(X) _____
Signature of Student Date

(X) _____
Printed Name of Student who has signed this agreement

**PLEASE RETURN THIS FORM DIRECTLY TO THE HENDERSON STATE UNIVERSITY, BUSINESS OFFICE,
HSU BOX 7531, ARKADELPHIA, AR 71999-0001.**