



Direct Deposit Authorization – Student Refunds

PLEASE PRINT

Name (Last, First, Middle Initial) **Student ID**

Address

City **State** **Zip**

Phone Number **Email**

Start Stop Change

Bank Information

Financial Institution Name						Address			
ABA Bank Routing Number (Must be 9 Digits)									
Account Number						Type of Account (Circle One) Checking or Savings			

Read Statement Carefully: I authorize Western Technical College to directly deposit funds to my account in the financial institution listed above. If funds to which I am NOT entitled are deposited in my account, I authorize the College to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the College at any time. The College reserves the right in the event of an emergency to cancel direct deposit and process actual checks. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to the College for distribution subject to your financial institution's policy. This will delay your check.

Signature Date

Western Technical College
Cashier's Office
400 Seventh Street North
La Crosse, WI 54601

Fax: 608-789-4720

CashiersOffice@westerntc.edu