

**EASTERN ILLINOIS**

**UNIVERSITY**

OFFICE OF THE BURSAR

600 LINCOLN AVE

CHARLESTON, IL 61920

(217) 581-3715 FAX (217)581-6371

**EFT REFUND AUTHORIZATION FORM**

**NEW**    **CHANGE**    **CANCELLATION**

**PLEASE ATTACH A VOIDED CHECK & BRING OR MAIL TO THE ADDRESS ABOVE**

**PLEASE PRINT**

**Student Information:**

NAME (LAST, FIRST, MIDDLE)

E # or SSN

STREET

CITY

STATE

ZIP

( )

PHONE NUMBER

EIU EMAIL ADDRESS

**Bank Information:**

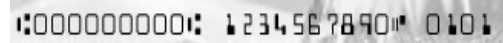
**Checking**

**Savings**

Located at the bottom of your check

ABA ROUTING NUMBER

ACCOUNT NUMBER



ABA Routing #

Account #

NAME ON ACCOUNT

BANK NAME

BANK REPRESENTATIVE

CITY

STATE

ZIP

( )

PHONE NUMBER

**I understand:**

- ◆ **It is my responsibility to verify the availability of funds in my checking account before making any transactions.**
- ◆ **If I close/change my bank account, I understand that EIU will not process a replacement refund until my financial institution returns the original EFT to EIU.**

I/we authorize Eastern Illinois University to initiate EFT refund deposits to my/our bank account for refunds to be applied to the student's account listed below. This form must be turned in no later than 3 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.**