

EASTERN ILLINOIS

UNIVERSITY

OFFICE OF THE BURSAR
600 LINCOLN AVE
CHARLESTON, IL 61920
(217) 581-3715 FAX (217)581-6371

DIRECT DEPOSIT OF FINANCIAL AID REFUND

NEW **CHANGE** **CANCELLATION**

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

PLEASE PRINT

Student Information:

NAME (LAST, FIRST, MIDDLE) _____ E # _____
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 _____
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**.