



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

A VOIDED CHECK OR BANK STATEMENT MUST BE ATTACHED. IF MAILING OR FAXING, PLEASE INCLUDE A PICTURE OF YOUR PANTHER CARD OR DRIVER'S LICENSE.

Student Information:

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

STREET _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

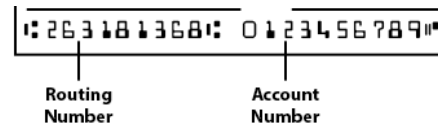
EIU EMAIL ADDRESS _____

Student Bank Information:

CHECKING

SAVINGS

ABA ROUTING NUMBER _____ ACCOUNT NUMBER _____



NAME ON ACCOUNT (STUDENT MUST BE ON ACCOUNT) _____

BANK NAME _____

BANK REPRESENTATIVE _____

CITY _____ STATE _____ ZIP _____

BANK 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 EIU will not process a replacement 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 above. 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.

For office use only:

_____ E# _____ ID _____ VOIDED CHECK _____ BANK STATEMENT _____ MAIL _____ EMAIL _____