



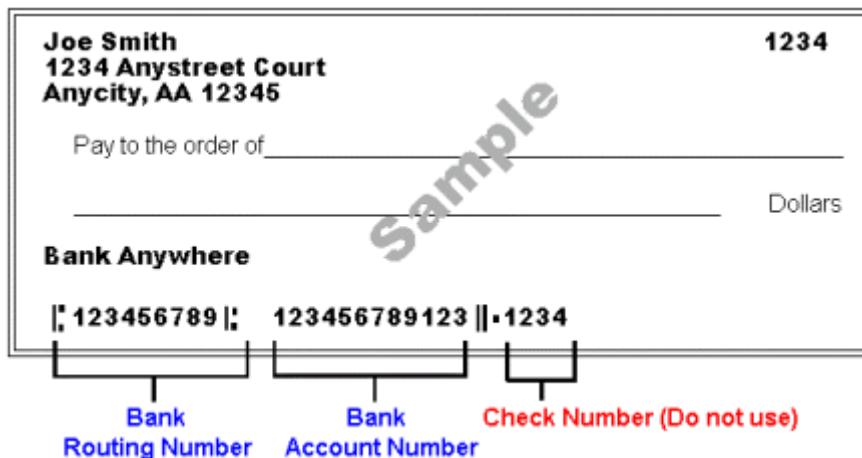
FA Direct Deposit Request Form

CHECK ONE: **START** Direct Deposit **CHANGE** Bank or Account Number **STOP** Direct Deposit

PCC ID or SSN G	Last Name	First Name	M.I.	Phone:
Street Address		City	State	Zip
<input type="checkbox"/> Check here if this is a change of address				

Bank Name	Checking Account Number
Bank Address	Bank Routing Number (9 digits)

STAPLE VOIDED CHECK HERE (Counter checks not accepted)



BE SURE TO VERIFY YOUR DEPOSIT HAS BEEN COMPLETED BEFORE ACCESSING FUNDS.

PCC is not responsible for returned check charges. Please check with your bank to make sure it is a member of the Automated Clearing House (ACH) network. Failure to do so may delay processing of your refund.

I hereby authorize Portland Community College (PCC) and my financial institution to transfer the full amount of my excess financial aid funds into my bank account as indicated above. This authorization will remain in effect until canceled by me in writing. I also authorize PCC to apply my Title IV financial aid funds towards institutional charges incurred by me beyond tuition and fees, such as bookstore and parking charges. If necessary, I authorize adjustments to any deposits PCC may have processed in error to my account and authorize the bank, to credit and/or debit the same to such account.

If PCC deposits funds to my account which I am not entitled to receive, I authorize PCC to direct the financial institution to return the funds deposited in error as explained under Section 2.5, Subsection 2.5.1 of the NACHA Operating Rules.

I agree to notify PCC's Business Office immediately and in writing of any changes to information pertaining to my checking or savings account or to terminate this authorization, and to notify the Registration Office of any change of address. I understand improper notification or incorrect information may result in a processing delay of my refund.

Student Signature	Date
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BRING OR SEND YOUR COMPLETED FORM TO:

PCC - Business Office - SY CC 210
PO Box 19000
Portland, OR 97280-0990