

STOCKTON UNIVERSITY

ENROLL OR MODIFY ACCOUNT for Student Refund Direct Deposit disbursements

Z # _____ Print: LAST NAME _____ FIRST _____ M.I _____ Last 4 # of social security _____

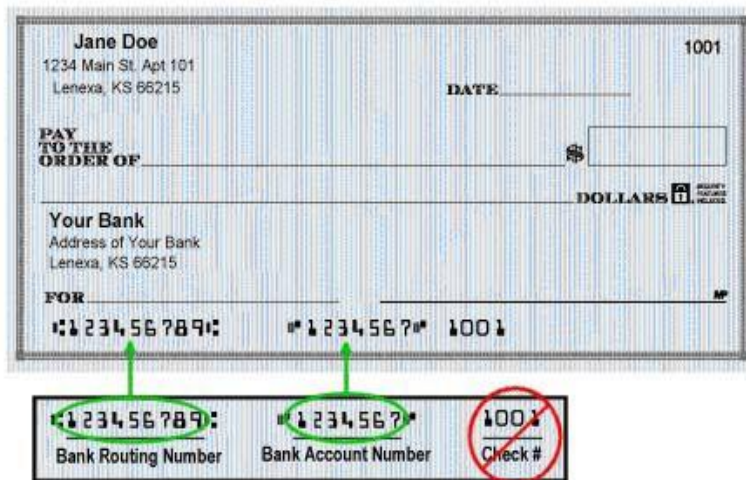
I HEREBY AUTHORIZE STOCKTON UNIVERSITY TO INITIATE DIRECT DEPOSIT CREDIT ENTRIES TO MY ACCOUNT IN THE BANK NAMED BELOW.

INFORMATION TO BE OBTAINED FROM YOUR BANKING INSTITUTION

BANK NAME _____ BRANCH CITY _____ STATE _____

BANK ROUTING/
TRANSIT NUMBER _____ YOUR
ACCOUNT NUMBER _____
(NINE DIGITS REQUIRED) (UP TO **SEVENTEEN** DIGITS PERMITTED)

ACCOUNT TYPE - CHECKING OR SAVINGS



THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECTIVE UNTIL STOCKTON UNIVERSITY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION.

SIGNATURE _____ DATE _____

YOUR SIGNATURE IS REQUIRED TO AUTHORIZE THIS REQUEST

Return this completed form to: Stockton University
Bursar's Office CC 202
101 Vera King Farris Dr
Galloway, NJ 08205

Or via email: bursar @stockton.edu