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.

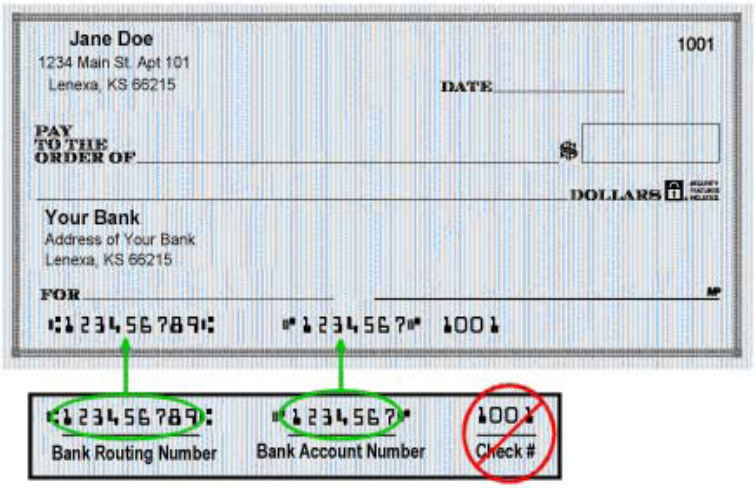
INFORMATION TO BE OBTAINED FROM YOUR BANKING INSTITUTION

BANK NAME _____ BRANCH CITY _____ STATE _____

BANK ROUTING/ TRANSIT NUMBER _____ (NINE DIGITS REQUIRED)

YOUR ACCOUNT NUMBER _____ (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
Bursars Office CC 202
101 Vera King Farris Drive
Galloway, NJ 08205

Email questions to: bursar@stockton.edu