

DIRECT DEPOSIT AUTHORIZATION
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER
TO STUDENT'S BANK ACCOUNT FOR FINANCIAL AID
AND/OR REFUNDS OF CREDIT BALANCE (S)

I, _____; hereby authorize and instruct The University of Alabama at Birmingham, Student Accounting Services, (the "Company") to deposit the amount of each of my financial aid payments/refund of credit balance(s) directly into my account as indicated below in the Deposit Instructions and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposit by the Company under this Authorization. For the purpose of this authorization, a financial aid payment is defined as the amount of financial aid scheduled to be disbursed minus any charges due to the Company that may be deducted by law or by authorization. For the purpose of this authorization a refund of credit balance is defined as any credit balance that exists on a student's tuition and fee, housing, telephone, or other student receivable account maintained by the Company.

I further hereby authorize and instruct the financial institution named below (the Institution) to accept such automatic deposits to or withdrawals from my account by the Company and cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for the correctness of any such deposit or withdrawal.

Banking Institution Name _____
Banking Institution Address _____
City _____ State _____ Zip _____

DEPOSIT INSTRUCTIONS

Please deposit my financial aid refund payment to my checking or savings account number as indicated below:

___ Checking Account, your bank routing number _____

___ Checking Account, your checking account number _____

(FOR A CHECKING ACCOUNT, YOU MUST ATTACH A VOIDED CHECK)

___ Savings Account, your savings account number _____

___ Savings Account, your bank routing number _____

(ROUTING NUMBER MUST BE SUPPLIED)

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to the Company. My cancellation will become effective when the Company receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account by the Company up until that time will be authorized by this authorization. **I must notify the Company if I close the above bank account or make changes to the above bank account.**

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Company and the Institution governing accounts and pre-authorized transfers to and from accounts.

Name: (Print) _____ Blazer ID or
Banner ID #: _____

Signature: _____ Date: _____

Please mail to UAB Student Accounting Services, 1530 3rd Ave S, HUC 322, Birmingham AL 35294-1150