

Financial Aid Only

Student Direct Deposit Enrollment Agreement

IT IS CRITICAL THAT YOU NOTIFY THE FINANCIAL AID OFFICE IF YOU CHANGE BANKS AND/OR ACCOUNT NUMBERS.
Please contact your Financial Aid Office. Coalinga 559-934-2310 ... NDC 559-934-2961 ... Lemoore 559-925-3310

NAME (Please Print): _____

ID #: _____ Contact #: _____ Email: _____

SELECT OPTION: (Please check one box Only)

- Checking Account (Attach a voided, pre-printed check)***
- Savings Account (Attach bank statement that includes accountholders name, name of Bank, Account number, Routing (ABA) number, if the routing number is not preprinted then a temporary check can be used in addition to the statement) ***

I hereby authorize West Hills Community College District to initiate credit entries to my checking or savings account in order to directly deposit any cash financial aid and/or refunds I may receive. I understand and agree to the following as a result of participation in this Direct Deposit program.

- A. This agreement applies only to student registration and financial aid refunds.
- B. This enrollment agreement needs to be completed at least 30 days before your first scheduled disbursement.
- c. You will be notified via-email when an EFT refund has been disbursed to your bank account. You should allow at least 24 hours for the funds to show up in your account. If, after 24 hours, the funds have not been posted to your account, contact the Financial Aid Office.** The participant should confirm this deposit with the bank first.
- D. Termination of this agreement must be made by written notification to the Financial Aid Office. Such notice should include your name and seven-digit student identification or social security number. You will need to fill out Direct Deposit Cancel/Change Request Form.
- E. If an automatic paid deposit (APD) cannot be credited to an account because the account has been closed, the bank will reject the direct deposit and reroute the funds back to the issuing bank. **This return process may take several days and will be subject to a bank processing fee currently set at \$30.00.***** Participants in this program agree that if a direct deposit is rejected, a replacement check (less the \$30.00 processing fee) will only be issued after the funds are received back by the school.

- EFT OPT OUT (to have check mailed) (FILL OUT ADDRESS BELOW)**
(For Address Change, Please contact the Student Service Office)

Current Address: _____

City

State

Zip Code

I understand that if I do not sign up for Electronic Funds Transfer (EFT) my financial aid will be disbursed by check and mailed to my local address on record with the college. I also acknowledge that it may take up to two weeks to be delivered by the US Postal Service, and the District is not responsible for lost or destroyed checks. I have reviewed a copy of the Financial Aid Student refund Process and understand my options.

Signature: _____ **Date:** _____

***Must accompany application or request will NOT be processed.**

****Verify with your financial institution as to the exact time of deposit.**

*****Subject to change according to bank charges.**

Office Use Only	Date	Initials
BAIE		
CRI		
ADDRESS		
"J" DRIVE		