



# FINANCIAL AID OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu

# STUDENT REFUND DIRECT DEPOSIT FORM

By signing the form below, you are authorizing UACCM to directly deposit your **Student Refunds** into the account listed below.

**Print Full Name:** \_\_\_\_\_ **Student ID No.:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_  Savings  Checking

**Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE ATTACH ONE OF THE FOLLOWING:  
  
VOIDED CHECK  
OR  
BANK DOCUMENT  
  
Supporting document must include student name, account number, and routing number  
  
(Student name has to be on account for direct deposit)

**Please return completed form to the Business Office or Student Accounts window.**

OFFICIAL USE ONLY

**Verified By:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_