



CLOUD COUNTY COMMUNITY COLLEGE

2221 Campus Drive
800.729.5101, ext. 205

Business Office
Fax: 785.243.9370

Concordia, KS 66901
cccc_t.bill@cloud.edu

Business Office – Direct Deposit – EFT Authorization Form

I hereby authorize Cloud County Community College to directly deposit any refunds from my student account to the bank account listed below. This authorization will remain in effect until I modify or cancel it in writing.

Student Name	Financial Institution Name (Your Bank Name)
Social Security Number and Student ID#	Financial Institution Address and Phone Number

Date _____ Student Signature _____

I wish to receive refunds by direct deposit and I am not currently participating in the Direct Deposit ~EFT program.

_____ Add ~ Deposit my refund to the account shown.

If you close this account, please notify the business office immediately.

I am currently participating in the Direct Deposit ~ EFT program and would like to make changes to my account information.

_____ Change ~ Change Financial Institutions and/or account number.

_____ Change ~ Stop my participation in the program.

Due to time required for company and bank processing, please allow one week for processing.

*****IMPORTANT ~ Please check type of account _____ Checking _____ Savings

Please return form to the Business Office on the Concordia Campus or to Student Services on the Geary County Campus.

Please tape your voided check here and return to CCCC.

If you do not have a voided check, please list your bank's routing number and your account number.