

Sage Hall
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Parent Plus Loan Direct Deposit

Purpose: Intended for parents receiving parent plus loans who wish to receive disbursement via direct deposit.

INSTRUCTIONS FOR COMPLETION OF THIS FORM

- Read the Terms of Agreement & Authorization below.
- Fully complete the form. Print, sign and date the form.
- Attach one of your pre-printed checks to the form. Write "VOID" across the face of the check.
- Submit the original completed form (*sorry, we cannot accept a fax copy of this form*), including the terms section to:
 CSUCI Student Business Services
 One University Drive
 Camarillo, CA 93012-8599

TERMS OF AGREEMENT

- I understand that I am responsible for verifying with my bank that my account has been credited.
- I understand that expenditures made from my account without such verification are made at my own risk.
- I agree to promptly notify CSUCI of changes in my address or checking account status.
- I authorize California State University Channel Islands, and in accordance with the rules and regulations of the National Automated Clearinghouse Association (NACHA), to credit any reimbursements due to me via Automated Clearinghouse Electronic Fund transfer (ACH) to the bank and bank account owned by me and referenced below. By this declaration I also authorize California State University Channel Islands to withdraw funds from the above referenced bank account owned by me via ACH debit. Such debits are authorized only to perform legitimate and appropriate financial transactions between me and California State University, including but not limited to retrieval of reimbursement overpayments.
- This authorization will remain in effect until I withdraw from direct deposit. Any changes to the bank account information below will require me to re-enroll in direct deposit.
- I understand that it takes up to 2 business days for the funds to become available following an ACH electronic funds transfer, and incorrect bank information may delay my refund up to 14 days.
- I understand that if my loan disburses after an out-of-pocket payment has been applied to my student's account, the out-of-pocket payment will be reimbursed before any refund is calculated and sent.

AUTHORIZATION

Parent Name: _____ Parent Date of Birth: _____
 Student Name: _____ CSUCI Student ID: _____
 Parent Email Address: _____
 Financial Institution: _____ Checking Savings
 Bank Routing Number: _____ Bank Account Number: _____
 Parent Signature: _____ Date: _____

ATTACH VOIDED,
PRE-PRINTED
CHECK HERE