

Foothill-De Anza Community College District

Direct Deposit Authorization Agreement Financial Aid Disbursement

Name _____ SID# _____
Last First

I authorize Foothill-De Anza Community College District to deposit any financial aid disbursements from Federal Pell Grant, Federal SEOG, Federal Perkins Loan, Americorps, Cal Grant B, Cal Grant C, EOPS Grant, CARE Grant, and scholarships directly into my checking/savings account indicated below.

I understand that this direct deposit authorization will become active in the next available financial aid disbursement and will remain in effect during my enrollment at Foothill College.

I understand that I may modify this account information by submitting a new Authorization Agreement to the Financial Aid Office.

I understand that I may cancel this authorization at any time. Cancellations must be in writing and must include my name, social security number, and signature. The Financial Aid Office will make every attempt to cancel it prior to the following disbursement.

I understand that I will be notified in writing if this authorization is cancelled by the District at any time.

Financial Institution (bank name) _____ Circle one: checking/savings

Routing # _____ Account # _____

Signature _____ Date _____

ATTACH A VOID CHECK FOR YOUR ACCOUNT HERE

Savings: Please submit a letter or monthly statement from the financial institution (bank) with the routing and account numbers included.

Checking: If you do not have checks, please submit a letter or monthly statement from the financial institution (bank) with the routing and account numbers included.