Direct Deposit Authorization for Financial Aid Refunds

(Please print clearly)

Complete Name _____

Last four #s of SSN _____

Telephone _____

Address _____

Program _____ Campus _____

I hereby authorize Pacific Oaks College, to initiate credit entries to the savings or checking account indicated below for any excess funds from my financial aid after tuition and fees are paid. This authorization shall remain in full force and effect until Pacific Oaks College has received written notification from me of its termination in such time and in such manner as to afford Pacific Oaks College a reasonable opportunity to act on it. Future refunds will be direct-deposited into this account.

Bank Name _____

Name on Account if different from above: _____

Relationship to Student: _____

☐ Checking Account ☐ Savings Account

Account Number | | | | | | | | | | | | | | |

Routing Number | | | | | | | | | |

_____ _____

Student Signature Effective Date

Please submit this form to
Pacific Oaks College
Business Office
Fax: 626-529-8185