**AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSITS FOR
STUDENT REFUNDS AND REIMBURSEMENT**

I, _____ hereby authorize and instruct Stetson University College of Law to deposit the amount of each of my student refunds or reimbursement payments directly into my checking or savings account as indicated below in the Deposit Instructions and to make any such withdrawals directly from my account or accounts as are necessary to correct any incorrect deposit by the Company under this Authorization.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Please <u>check one</u> of the following:

___ I affirm that, regarding electronic payments the College of Law may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.

___ I affirm that, regarding electronic payments the College of Law may remit to the financial institution for credit to the account that I have designated, the entire payment amount is subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class, or that the College may decline to pay me by direct deposit. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.

I further hereby authorize and instruct the financial institution named below (the "Institution") to accept such automatic deposits to or withdrawals from my account or accounts by Stetson COL and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for the correctness of any such deposit or withdrawal.

In order to verify the account information, all direct deposits are pre-noted and will not occur automatically upon submission

DIRECT DEPOSIT REQUEST

#800 _____ **Name**_____

DEPOSIT INSTRUCTIONS *(Please complete all information below)*
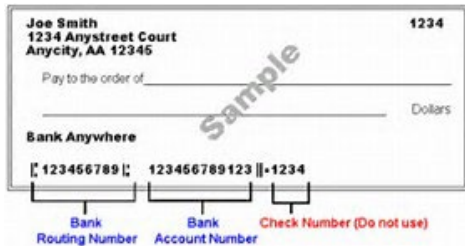
Banking Institution_____

Institution Address_____
　　　　　　(City)　　　　　　　　　(State)　　　　　　(Zip)

Bank Routing Number_____

Bank Account Number_____

Checking _____ **Savings**_____

*Please attach a voided check or confirmation from your Banking Institution for the account listed above.

I understand that I can cancel this authorization at any time by notifying the Business Office. To cancel, I must give written notice to Stetson COL (either by email from my @law.stetson.edu email account, by completing the cancellation section below, or otherwise sending written notification). My cancellation will become effective when Stetson COL receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account(s) by Stetson COL up until that time will be authorized by this authorization. Any automatic credits or debits made to my account or accounts by the Institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of Stetson COL and the Institution governing accounts and preauthorized transfers to and from accounts.

Signature: _____Date: _____

CANCELLATION OF DIRECT DEPOSIT

_____ I would like to cancel my direct deposit effective immediately.   Banner Identification # 800 _____

Signature: _____Date: _____