

REFUND AUTHORIZATION FORM

The Big Blue is going GREEN! We want to do our part in helping reduce the consumption of paper and have elected to use direct deposit as our means of issuing refunds. Upon completion, please submit the Refund Authorization Form to the Student Service Center. Thank you in advance for helping us lighten Millikin's footprint on our global environment!

Federal regulations require written authorization for the disbursement of excess funds resulting from student financial aid programs. Refund processing begins after the add/drop deadline each term. Millikin University processes student refunds as a direct deposit. Therefore, we will need to obtain your bank information in order to process any expected refund in a timely manner.

Please complete all sections and return to: Student Service Center, 118 Shilling Hall, 1184 West Main Street, Decatur, IL 62522 or 217.424.5070 (fax).

Student Authorization - Signature required, please read carefully.

I understand that this authorization will remain in effect for my entire period of enrollment at Millikin University and that I have the right to cancel or modify this authorization at any time in writing. If for any reason, my enrollment changes and my aid and/or loans must be returned, I acknowledge that I may once again be responsible for a balance due on my account. I have read and understand this document and authorize Millikin University to disburse funds as indicated.

(Print Student Name)

(Student ID#)

(Student Signature)

(Date)

Direct Deposit Authorization (ACH Credit)

I (WE) HEREBY AUTHORIZE Millikin University to initiate credit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with U.S. law provisions.

DEPOSITORY (BANK) NAME: _____

BRANCH (if applicable): _____ CITY: _____

ROUTING #: _____ ACCOUNT #: _____

CHECKING ACCT: _____ (provide voided check) SAVINGS ACCT: _____ (provide deposit slip)

This authorization will remain in full force and effect until notification from me (or either of us) is provided to cancel or modify. Such notification must be in writing and must allow reasonable time for Millikin to act on such notification. Millikin must be notified of any changes to bank and/or account information to ensure proper credit of funds.

Authorized Account User: _____
(Please Print)

Date: _____ Signature: _____

Office Use Only:	
Rep:	_____
B/O	_____
RFND Req.	_____