



MILLIKIN UNIVERSITY®

STUDENT FINANCIAL SERVICES

1184 West Main Street
Decatur, Illinois 62522

☎ 217.424.6317
☎ 217.424.5070
www.millikin.edu

REFUND AUTHORIZATION FORM

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 check with your bank or debit card provider for direct deposit information.

Please complete this form and return to: Student Financial Services, 118 Shilling Hall, 1184 West Main Street, Decatur, IL 62522 or 217.424.5070 (fax).

Direct Deposit Authorization (ACH Credit):

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

DEPOSITORY (BANK) NAME: _____

BRANCH (if applicable): _____ CITY: _____

ROUTING #: _____ ACCOUNT #: _____

CHECK ONE: CHECKING ACCT SAVINGS ACCT DEBIT CARD ONLY

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 in writing at any time. Such written notification must allow reasonable time for Millikin to act on said notification. Millikin must be notified of any changes to bank and/or account information to ensure proper credit of funds. 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.

STUDENT NAME: _____ ID NUMBER: _____
(please print)

SIGNATURE: _____ DATE: _____

I wish to cancel direct deposit transactions to my bank account.

STUDENT NAME: _____ ID NUMBER: _____
(please print)

SIGNATURE: _____ DATE: _____