



**STUDENT FINANCIAL ASSISTANCE
DIRECT DEPOSIT REQUEST/AUTHORIZATION FORM**

SUBMIT COMPLETED FORM TO STUDENT FINANCIAL SERVICES IN SH. 034

SECTION "A" AND "B" TO BE COMPLETED BY THE STUDENT

SECTION A: STUDENT INFORMATION

LEHMAN COLLEGE	
FIRST NAME _____ MI _____ LAST NAME _____	
SOCIAL SECURITY NUMBER # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PERMANENT ADDRESS _____ APT# _____	
CITY _____ STATE _____ ZIP CODE _____	
TELEPHONE NUMBER (____) _____	
E-MAIL ADDRESS: _____	
NAME OF FINANCIAL INSTITUTION _____	
ACCOUNT TYPE (PLEASE CHECK ONE)	
<input type="checkbox"/> CHECKING (attach voided check to Section C, or have section C completed by your financial institution)	
<input type="checkbox"/> SAVINGS (Section C must be completed by financial institution)	

SECTION B: AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the disbursement of any Federal, State or City student financial assistance funds, including Federal Work Study, or any funds (deemed transferable electronically) due to me from The City University of New York (CUNY), or from any CUNY college at which I am enrolled, directly into my bank account. I acknowledge that the pay-stubs will be only available upon request. The funds to be deposited into my account may include but may not be limited to tuition refunds and college fellowships, scholarships and work study programs where applicable. This authorization is valid for the entire period during which I am enrolled at the above-mentioned CUNY College. I also acknowledge that to cancel this authorization, I must notify the appropriate college office in writing. In addition, I authorize any necessary debit entries and adjustments for any credit entries made in error to my account and any fees levied by my bank for these entries.

My signature acknowledges that the above information is correct and I understand the terms and conditions of this agreement.

Signature	Date / /
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SECTION C: TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking			
Depositor's Account Number		ABA Number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
As representative of the above named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit funds to the account shown above.			
Print or type Representative's Name	Signature of Representative	Telephone Number ()	Date / /

Return this form to: Student Financial Services, Shuster Hall, Rm. 034

PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS