

**University Of California, Santa Barbara
Billing Office – Accounts Receivable
Refund Check Deposit Authorization Form**

Student Name:	(Last, First, Middle Initial)
SRID# (Perm #) /ARID#:	
Phone #	
Email Address:	
Name of your Financial Institution:	
Financial Institution Address:	No. Street
	City State Zip

Refund Check

Type: CHECKING
 SAVINGS

Transit Routing Number _____
Account Number _____



I hereby authorize (1) the University of California, to deposit my refund check via electronic transfer of funds, and (2) my financial institution to credit my funds to my account. This authorization will remain in effect until cancelled in writing.

Student's Signature

Date

Please Note: Staple A Voided Check In This Area

1. The prenote process with your bank takes 10 days. You will continue to receive checks during this time. Upon successful prenote, you will be eligible for direct deposit with the next refund check process.
2. Do not write checks against your account until you receive email confirmation.
3. If you change banks or accounts within your bank, you need to complete another Direct Deposit Authorization Form.
4. Please verify your transit routing number and account number with your Financial Institution.
5. If you close your account please contact ext. 2094 in the Billing Office as soon as possible.

FOR BILLING OFFICE USE ONLY

Date Enrolled:	
Enrolled By:	
Prenote Successful: Y / N	
Comments:	