



Student Accounts Office

4400 University Drive, MS 2E2, Fairfax, Virginia 22030
Phone: 703-993-2484 Fax: 703-993-2490

Direct Deposit Refund Authorization

(Please Print)

Student ID: G

Date: - -

Student Name: _____
Last First M.I.

Daytime Telephone Number: _____

Authorization Agreement for Direct Deposit Refunds

By signing this form, I agree to the following terms and authorize my refunds to be deposited directly to my checking account at the financial institution shown below:

- This request will remain in effect until I have made a written request to stop or change my Direct Deposit.
- It is my responsibility to notify the Student Accounts Office of any changes or closed accounts at least six business days prior to my next refund.
- I authorize George Mason University to initiate any credit and debit adjustments to my account for refunds processed in error.

Student Signature

Date

Attach Your Check Here
 (No Starter Checks or Deposit Slips Please)
 Write **VOID** across the check

The check must be from your checking account. Joint accounts are accepted as long as your name appears on the check. If your checking account is with a *credit union* or *savings bank*, please have your checking account and routing number approved for direct deposit. If different than reflected on your attached check, please have your financial institution provide the required numbers for direct deposit in writing on their letterhead.

Return this form to the George Mason University Student Accounts Office in the North Chesapeake Module or mail to:
Student Accounts Office, 4400 University Drive MSN 2E2, Fairfax, VA 22033.

Make sure to include all required attachments.

Please contact George Mason University Student Accounts Office at (703) 993-2484 with any questions.