



DIRECT DEPOSIT AUTHORIZATION
Notification of Direct Deposit Change Form

Return completed form IN PERSON to: NSCC Bursar's Office, 120 White Bridge Rd, Rm S-203, Nashville, TN 37209. PHOTO ID IS REQUIRED TO UPDATE OR CHANGE CURRENT BANK INFORMATION.

*The following information is provided to comply with the Privacy Act of 1975 (P.L.93-579). All information collected on this form is required under the provisions of U.S.C. 3322 and 31 CFR 210. The information will be used by the Treasury Department to transmit payment data electronically to the student's/vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

Please indicate whether you are: ___ Faculty/Staff ___ Student ___ Vendor

PERSONAL INFORMATION REQUIRED

SSN# or Taxpayer ID# (TIN): _____
Student ID Number: A _____
Name: _____
Address: _____
Primary Contact Person (if vendor): _____
Telephone Number: (____) _____
Email Address (current address): _____
Fax Number (if available): (____) _____

REASON FOR CHANGE: ___ Closed Account/New Account ___ Update Bank Routing Information
___ Cancellation of Authorization for Direct Deposit
___ Other (describe) _____

TO ENSURE ACCURACY OF DEPOSIT, PLEASE ATTACH A VOIDED CHECK WITH NAME/ADDRESS PREPRINTED or LETTER FROM BANK WITH ACH ROUTING NUMBER AND STUDENT'S ACCOUNT NUMBER. PHOTO ID IS REQUIRED TO UPDATE OR CHANGE CURRENT BANK INFORMATION.

BANKING/FINANCIAL INSTITUTION INFORMATION REQUIRED

Depository Name: _____
Address: _____
Telephone Number: (____) _____
9 Digit ABA Routing Number: _____
Depositor Account Number: _____
Depositor Account Name: _____
TYPE OF ACCOUNT: ___ CHECKING ___ SAVINGS

AUTHORIZATION AGREEMENT AND CERTIFICATION STATEMENT

I, _____, certify that the information provided above is correct and hereby authorize Nashville State Community College to initiate credits or debits to my Checking/Savings account indicated above and the bank or financial institution named above to credit or debit the amounts of such entries to said account. This authority is to remain in full force and effect until Nashville State Community College has received written notification from me of its termination in such time and in such manner as to afford Nashville State Community College a reasonable time to act upon it. I understand that the College assumes no responsibility for funds not transferred as a result of incorrect bank information provided, and that additional direct deposits will not be processed by the College until the initial funds have been returned to the College's bank account by the student's financial institution. I also understand that if I am receiving student loan funds as a result of authorizing this transfer of funds to my bank account, I must currently be enrolled in and attending at least six (6) credit hours, and that if it is later determined that I am not enrolled in and attending at least six (6) credit hours, the Financial Aid Office will notify the Federal Department of Education Student Loan Servicing Center to bill me FULL PAYMENT ON DEMAND.

DATE: _____ SIGNATURE: _____
Revised 6/25/2010