



## STUDENT REFUND DIRECT DEPOSIT FORM

New Account

Change of Bank Account

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Bank Name \_\_\_\_\_

Type of Account \_\_\_\_\_ Checking  
**or**  
\_\_\_\_\_ Savings

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I agree by signing this form, that I authorize Lac Courte Oreilles Ojibwe University to process my student refunds through direct deposit until told otherwise. If my direct deposit is returned, I will pay the \$10 return fee when my student refund is reissued.

I have read the above statements and understand my responsibilities regarding the direct deposit process.

Signature \_\_\_\_\_

Date \_\_\_\_\_