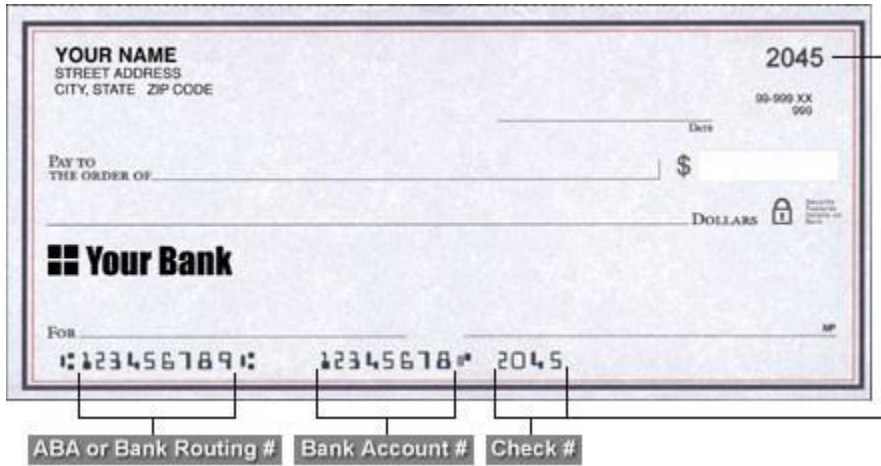# Financial Aid Refund
Direct Deposit Authorization Form

OFFICE OF THE BURSAR UNIVERSITY OF MARYLAND	Authorization Agreement for Automatic Deposits (Credits)
Company Name:	Company ID Number:

I (We) hereby authorize **The University of Maryland** hereinafter called **Company** to initiate credit entries to my (our) ____ Checking or ____ Savings account indicated below and the depository named below, hereinafter called **Depository**, to credit the same to such account. I (We) also authorize the **Company** to draw drafts on my (our) account or to initiate debit entries to my (our) account, for the purpose of withdrawing money from my (our) account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The **Depository** shall not be liable for honoring any draft, debit entry, or withdrawal initiated by the Company.

Depository Name (Name of your bank)	**Office** (Branch where your account is located)		
Bank Address (City)	(State)	(Zip Code)	
Bank Routing/ABA Number (see diagram below)	**Account Number** (see diagram below)		

This authority is to remain in full force and effect until **Company** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Company** a reasonable opportunity to act on it.

Name(s)*	**Identification Number** (Student's Social Security Number)	
Date:	**Signature****	**Co-Signature****

*If there are two account holders on the checking account, both account holders must sign** on the signature line provided above.

*Please return the completed authorization form along with a **VOIDED** check to:*

Office of the Bursar
Lee Building
University of Maryland
College Park, MD 20742
Fax: 301-314-9976

For inquiries, contact the Financial Service Center at billtalk@umd.edu,
1-301-314-9000 or 1-888-313-2404 (toll-free)

Keep a copy for your records