



**Hollins University Student Refund/Payments Processed through Accounts Payable
Direct Deposit Authorization Form**

Last Name _____ First Name _____

Hollins Identification Number _____ E-mail Address _____

***MANDATORY* – ATTACH VOIDED CHECK OR OFFICIAL BANK DOCUMENT**

<input type="checkbox"/> New Account Setup	<input type="checkbox"/> Change Only	<input type="checkbox"/> Inactivate
_____	_____	_____
Routing/Transit #	Account #	Name of Banking Institution (US Institutions Only)
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	

I have established an account(s) at the financial institution(s) indicated above and authorize:

- 1) Hollins University to deposit my funds via direct deposit,
- 2) my financial institution to credit my account,
- 3) and Hollins University to initiate my financial institution to make corrections to my account for any deposits made in error.

I understand it is my responsibility to verify that all direct deposit payments have been credited to my bank account(s) before writing checks against these funds.

This authorization will remain in effect until updated direct deposit information is received. I will provide at least a week notice to the Business Office if I change my account(s) or financial institution(s) and/or close my account(s).

Signature _____ Date _____

Please Note: Your direct deposit will be effective upon receipt of completed form.

For questions, please contact:

Hollins University Cashier
Phone: (540) 362-6303
Roanoke, VA 24020
<https://my.hollins.edu> - Campus Services – Business Office

RETURN FORM TO:

Upload your completed form and supporting documentation to:

Hollins University Business Office [secure site](#)