



**COCONINO COMMUNITY COLLEGE  
DIRECT DEPOSIT REFUNDING – AGREEMENT  
Version Updated 09/24/2015**

**WHAT THIS AGREEMENT WILL DO**

Instead of any reimbursement (for example, a travel reimbursement) checks being sent to the address on file or held for pick-up, any reimbursement due to you will be deposited into the bank account that you designate in this communication to us. When signing up for this method of receiving moneys, please make sure you notify us of any change in your designated bank account in a timely fashion. It takes 10 business days to pre-note your account. To pre-note means to initially test the path of the electronic funds transfer for accuracy using no moneys. After that, we can then process any reimbursements due to you via direct deposit.

**STEP 1: PLEASE TELL US WHAT YOU WANT** by checking the appropriate line.

- A. NEW AUTHORIZATION \_\_\_\_ OR A CHANGE TO AN EXISTING ONE \_\_\_\_ OR
- B. REQUEST TO STOP THE DIRECT DEPOSIT \_\_\_\_ please complete Step 2 Part A and sign on the line below after the following direction: "Please stop issuing my reimbursements via Direct Deposit"

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature to STOP Direct Deposit

**STEP 2: PLEASE TELL US YOUR STUDENT AND BANK ACCOUNT INFORMATION.**

- A. PLEASE PRINT: STUDENT NAME: \_\_\_\_\_   
 STUDENT ID: @ \_\_\_\_\_   
 YOUR TELEPHONE NUMBER(S): \_\_\_\_\_
- B. **\*\*\*For a New or Changed Authorization, please fill out the following items:**   
 NAME OF BANK: \_\_\_\_\_   
 TEL# OF THE BANK'S MAIN OR BRANCH OFFICE: \_\_\_\_\_   
 YOUR BANK ACCOUNT NUMBER: \_\_\_\_\_   
 YOUR BANK ROUTING NUMBER: \_\_\_\_\_   
 TYPE OF ACCOUNT: Check one: CHECKING \_\_\_\_\_ *PLEASE ATTACH A VOIDED CHECK.*   
 SAVINGS \_\_\_\_\_

**STEP 3: AUTHORIZATION.**

I hereby authorize Coconino Community College, to initiate electronic entries to my account as I indicated above. I understand the authorization is to remain in force and effect until such time I have notified COCONINO COMMUNITY COLLEGE in writing and given the College and its lead bank reasonable time to make any necessary changes or to effect the termination of this agreement if I so desire. If any action taken by me, without adequate notification to the Accounting Office, results in non-acceptance of the transfer by my financial institution, I understand that the College assumes no responsibility for processing replacement funds until the original funds are returned to the College by my financial institution.

\_\_\_\_\_   
 Your Signature

\_\_\_\_\_   
 Date

Please send or submit to: Coconino Community College/Accounts Payable Office  
2800 S. Lone Tree Rd . Flagstaff, AZ 86005  
Questions . Call 928-226-4222