



FINANCIAL AID OFFICE

50 PHELAN AVENUE • SAN FRANCISCO, CA 94112 ☎ (415) 239-3575/3576 • Fax (415) 239-3917

Must submit in person

DIRECT DEPOSIT AUTHORIZATION / CANCELLATION

Name of Financial Aid Applicant (Please print)			
Last Name	First	MI	SSN/Student ID

I authorize City College of San Francisco to deposit my financial aid disbursement(s) via electronic fund transfer (EFT) and my bank to credit this amount to my account. I understand that I must repay to City College any funds received by direct deposit in excess of my financial aid eligibility due to reasons such as withdrawal from classes.

I hereby cancel / revoke my authorization permitting the City College of San Francisco to electronically deposit my financial aid disbursement to the bank named below. I understand that once this revocation is processed, I will begin receiving financial aid checks.

- **For savings account, staple bank's verification including ABA(routing) and account numbers to this form. (Please contact your financial institution to verify routing No. to avoid delay).**
- **For checking accounts, staple a voided check to this form**

Account Type	Your Bank's Name	Transit/ABA No.	Account No.
<input type="checkbox"/> Checking			
<input type="checkbox"/> Saving			
<input type="checkbox"/> _____			

- This authorization will remain in effect until canceled in writing. A new authorization must be completed if you change your account or change financial institutions.
- If your bank cannot accept the transfer, City College of San Francisco will not be able to process supplemental financial aid until the funds are returned to the college by your bank.
- Please allow City College of San Francisco five (5) business days to set up this authorization.
- When direct deposit occurs, we will mail a statement to you using the address you provided to the Office of Admissions and Records.

Signature

Date