

**BISHOP STATE COMMUNITY COLLEGE
DIRECT DEPOSIT PLAN PARTICIPATION AGREEMENT**

I, _____ Student Number _____, authorize Bishop State Community College (BSCC) to deposit my financial aid refund, institutional refund, and/or College Work Study payroll payment with the bank or financial institution indicated below until so notified in writing.

Checking Account(s)

Bank/Financial Institution Name _____
*Checking Account Number _____

OR

Saving Account(s)

Bank/Financial Institution Name _____
Bank Routing Number _____
Savings Account Number _____

A VOIDED CHECK OR A LEGIBLE CHECK COPY FOR THIS ACCOUNT MUST BE ATTACHED.

I have read the agreements on this form and agree to the terms contained therein for BSCC to send refund payments due me directly to the above name financial institution. I agree that as a condition to my participation in the direct deposit plan, BSCC is authorized to make any necessary debit entries to this account for any credits that were made in error and require recovery of public funds.

1. Student Approval

Type/print student's name as it appears on bank records	Signature of student
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2. Joint Account Approval

Type/print name(s) of joint account holder(s)	Signature(s) of joint account holder(s)
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*****ATTACH CHECK HERE*****

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The Direct Deposit Plan (DDP) permits BSCC to initiate at least two days prior to pay day electronic transactions for paperless entries through the appropriate bank(s) or financial institution(s) to accounts maintained by means of the Automated Clearing House operated by the Birmingham Branch of the Federal Reserve System of Atlanta. As a DDP participant, I understand and agree to abide fully with the following conditions and procedures.

Student Certification

Each refund payment is to be transmitted for deposit to my account as indicated on the attached voided check, at the financial institution specified on this form and such payment will be in full of the amount then falling due and payable to me in accordance with the published refund disbursement dates.

If my death shall occur prior to the due date of any payment which shall have been made by BSCC in compliance with this request or if adjustments are required for any credit entries to my account, I authorize BSCC to make the necessary entries to my account. Clerical or bank errors are also recoverable. BSCC will provide written justification to the student prior to debit entries being initiated against the DDP account. Each bank determines its extent of liability in the event of errors. I understand that BSCC is not liable for insufficient or returned check expenses due to my participation in the direct deposit plan.

I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within thirty (30) days of receipt of written notice by either the employee or by BSCC. I understand that in the event I change my personal bank account to another financial institution, BSCC requires immediate written notice of such change. A new form must be completed and a new account number provided in the form of a voided check. When establishing a DDP bank/account number, direct deposit will not begin until a pre-note approval from the bank has been received by BSCC.

Joint Account Holder Certification

Joint account holder(s) agree(s) to notify BSCC immediately of the death of the student recipient of refunds being deposited to this joint account, and agrees to return all payments to BSCC that are deposited to this account after the said death. BSCC is authorized to make all necessary debit entries to this joint account for any credits that were made in error and requires recovery.