



**ADDENDUM TO DIRECT DEPOSIT OF FINANCIAL AID FUNDS ENROLLMENT FORM**

**STUDENT AUTHORIZATION  
FOR CANCELLATION OF DIRECT DEPOSIT**

In addition to the cancellation terms specified on the "Direct Deposit Authorization Form," the Agreement represented by the authorization may be cancelled by the students' college.

The college reserves the right to cancel a direct deposit. We will attempt to notify you the Monday before the check date.

A cancellation must be made at least seven business days before the check distribution date.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**This form must be signed and submitted to the Financial Aid Office. It will be attached to the Direct Deposit Authorization Aid Form.**

*Please submit this form to: Enrollment Services Center, First Floor West Quad Building*

