

WILKES COMMUNITY COLLEGE  
ACCOUNTS PAYABLE DEPARTMENT  
PO BOX 120  
WILKESBORO, NC 28697-0120

This form is specifically designed to provide Wilkes Community College needed information for direct deposit of financial aid refunds, student refunds, or reimbursements. By completing and signing this form, you are giving Wilkes Community College permission to direct deposit your refunds rather than writing a paper check. This will apply to all applicable reimbursements to the stated payee and will be in effect until the payee notifies the accounts payable department otherwise.

Payee Name \_\_\_\_\_  
(Due to verifications by the bank, the payee must be designated on the bank account)

Student ID Number or Last 4 digits of SSN \_\_\_\_\_

*Your notice of deposit will be e-mailed to this address notifying you that your funds should be deposited into your account within 2 business days of receipt of the e-mail. This e-mail will give you a description of your payment—no other notice will be mailed to you. **Always confirm with your bank receipt of the deposit prior to issuing payments from your account.***

Account type -  Checking Account  Savings Account  
(Check which one applies)

Bank ABA Number (Routing Number) <must be 9 digits> -  

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Bank Account Number (Account numbers range in size—all blocks may not be necessary) –  

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Bank Name \_\_\_\_\_

**A VOIDED CHECK CAN BE ATTACHED FOR USE WITH VERIFICATION PROCESSES.**

By signing this form, I am authorizing Wilkes Community College to deposit payments into the above named account rather than to make payments to me by paper check. I realize that it is my responsibility to change the bank account number with the Wilkes Community College Accounts Payable department if/when any bank account change occurs. By signing, I further understand that if I fail to make appropriate changes, it will delay my deposit/payment until banking account information is properly received. I also understand that Wilkes Community College is not responsible in any way for verifying receipt of my deposit and that it is my responsibility to verify receipt of my deposit prior to making payments against the expected funds from my bank account.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_