

4190 City Avenue ■ Philadelphia, Pennsylvania 19131-1693

Bursar's Office

215-871-6190 VOICE

215-871-6106 FAX

Please include a VOIDED Check

► Authorization Agreement for Automatic Deposit of Student Refunds

I hereby authorize Philadelphia College of Osteopathic Medicine (PCOM) to initiate credit entries and to initiate, if necessary, debit entries or adjustments for any credit entries made in error to my checking or savings accounts indicated below and the banks named below.

	BANK NAME	BANK ROUTING NUMBER*	BANK ACCOUNT NUMBER
Choose one: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			

► Student Information

This authority is to remain in full force and effect until PCOM has received written notification from me of termination in such time and manner as to afford PCOM and the bank a reasonable opportunity to act on it. Once Direct Deposit is set up all refunds processed through the Bursar's Office will be directly deposited to the above account. Please notify the Bursar's Office immediately if there are changes to your account.

Please Print Clearly

NAME	BANNER ID 900 _ _ _ _ _	PHONE NUMBER
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*Bank Routing Number is located at the bottom of your check. It is the first 9 digits.

Student Signature

Date