



Student Direct Deposit Enrollment Agreement

**IT IS CRITICAL THAT YOU NOTIFY THE DISTRICT BUSINESS OFFICE IF YOU CHANGE BANKS AND/OR ACCOUNT NUMBERS.
Contact (559) 934-2121 or Send an email to: BusinessService@whccd.edu**

Submit Documents to: WHCCD Financial Aid Office at your campus or the Business Office at 9800 Cody St., Coalinga, CA 93210

NAME (Please Print): _____ Student ID: _____

Email Address: _____

Please put an email address you will check regularly.

SELECT OPTION:

- Checking Account (Attach a voided, pre-printed check)***
- Savings Account (Attach a copy with account, bank, and routing number)***

I hereby authorize West Hills Community College District to initiate credit entries to my checking or savings account in order to directly deposit any cash financial aid and/or refunds I may receive. I understand and agree to the following as a result of participation in this Direct Deposit program.

- A. This agreement applies only to student registration and financial aid refunds.
- B. This enrollment agreement is needs to be completed at least **10 days** before your first scheduled disbursement.
- C. You will be notified via e-mail when an EFT refund has been disbursed to your bank account. You should allow at least 24 hours for the funds to show up in your account. If, after 24 hours, the funds have not been posted to your account, contact the District Business Office.** The participant should confirm this deposit with the bank.
- D. Termination of this agreement must be made by written notification to the District Business Office. Such notice should include your name and seven-digit student identification number. Once a direct deposit has been canceled, the student is not eligible to enroll again until the following semester.
- E. If an APD cannot be credited to an account because the account has been closed, the bank will reject the direct deposit and reroute the funds back to the issuing bank. **This return process may take several days and will be subject to a bank processing fee currently set at \$30.00.***** Participants in this program agree that if a direct deposit is rejected, a replacement check (less the \$30.00 processing fee) will only be issued after the funds are received back by the school.

Signature: _____ Date: _____

*Must accompany application or request will NOT be processed.
 **Verify with your financial institution as to the exact time of deposit.
 ***Subject to change according to bank charges.

EFT OPT OUT-FINANCIAL AID STUDENTS ONLY

Current Address (Must be Local Only): _____

City St Zip

I understand that if I do not sign up for Electronic Funds Transfer (EFT) my financial aid will be disbursed by check and mailed to my local address on record with the college. I also acknowledge that I have been told that it may take up to two weeks to be delivered by US Postal service, and the District is not responsible for lost or destroyed checks. I have reviewed a copy of the Financial Aid Student Refund Process and understand my options.

Signature: _____ Date: _____