

COE COLLEGE

ACH AUTHORIZATION FORM

I authorize Coe College to electronically deposit REFUND payments to the bank account noted below via Automated Clearing House (ACH) in accordance with applicable provisions of U.S. law.

This authorization will remain in effect for all Coe College Student Account refunds until the College receives written notification of change or cancellation from me. I understand that if I fail to notify Student Accounts in a timely manner that my account has changed or been cancelled and the funds are not able to be deposited into my account, a replacement check will be produced only upon receipt of the original funds into the College bank account. This could take up to two weeks.

In the event that funds are erroneously deposited to the undersigned's bank account, I authorize Coe College to direct my bank to return any deposited funds to which I was not entitled by adjusting my bank account as appropriate.

Student Information (Student name and Coe ID are required):

STUDENT NAME: _____ COE ID# _____
(Please print name as it appears on the bank account)

PARENT NAME (if the refund is to be directed to the parent): _____
(Please print name as it appears on the bank account)

Select ONE: Checking Account Savings Account

Financial Institution Name:

Address: _____

Bank Account Number:

Bank Routing Number:

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(Parent Signature is required if a Parent Plus Loan has been applied to the Coe student account)

RETURN COMPLETED FORM AND VOIDED CHECK TO: Coe College, Attn: Student Accounts, 1220 First Avenue NE, Cedar Rapids, Iowa 52402. Please Call (319) 399-8525 or email Coestudentaccounts@coe.edu for assistance. FAX (319)-399-8667. Please allow 7 to 10 business days for processing.