



FINANCIAL AID OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu

STUDENT REFUND DIRECT DEPOSIT FORM

By signing the form below, you are authorizing UACCM to directly deposit your **Student Refunds** into the account listed below.

Print Full Name: _____ Student ID No.: _____

Phone No.: _____ Savings Checking

Authorizing Signature: _____ Date: _____

PLEASE ATTACH ONE OF THE FOLLOWING:

VOIDED CHECK
OR
BANK DOCUMENT

Supporting document must include student name, account number, and routing number

(Student name has to be on account for direct deposit)

Please return completed form to the Business Office or Student Accounts window.

OFFICIAL USE ONLY

Verified By: _____

Student ID: _____