

Authorization Agreement for Direct Deposit of Student Refunds

I hereby authorize Lehigh Carbon Community College, hereinafter called COMPANY, to initiate credit entries to my  Checking  Savings account and the depository indicated below, hereinafter called DEPOSITORY, to credit the same to such account.

**(Please attach a voided check or savings account information.)**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name of Account Holder \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

PERM3A-mm