

**Duke University Bursar's Office - Direct Deposit Authorization for Student Account Refunds**

Please provide the following information to sign up for direct deposit of refunds from your student account and other related student reimbursements. The completed form and **VOIDED** check can be

- faxed to: (919) 668-2189, or mailed to: Duke University Cashiering  
Box 90759  
Durham, NC 27708-0759

An e-mail confirmation will be sent to you upon receipt of your form.

**Student Information**

Duke unique ID (found on the back of your DukeCard\*): \_\_\_\_\_

e-mail address where we should send confirmation: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

\*also available on ACES under Bio Information > Student Information

**Type of Direct Deposit Authorization (please circle one)**

New Authorization                      Change Financial Institution\*                      Cancel Authorization\*

\* current bank information will remain in effect for a minimum of 30 days

**Financial Institution Information**

Please attach a **VOIDED**, pre-printed check from your domestic bank account that you would like to have credited for the direct deposit of your refunds. We are unable to accept deposit slips or starter checks. Your name must be on the check as one of the account holders; refunds from your student account will only be direct deposited into a bank account listing you as an account holder.

ATTACH VOIDED CHECK HERE

**New Federal Requirements for Direct Deposits Forwarded Overseas**

There have been recent changes to the payment system rules for direct deposit based on guidelines issued by the U.S. Office of Foreign Asset Control. Under the new regulations, if you are forwarding 100% of your direct deposit refund to a foreign financial institution, Duke must meet specific reporting requirements when sending your direct deposit. This regulation does not impact the amount of your payment.

We are required to comply with additional reporting standards if your refund is being sent to you via direct deposit at a U.S. financial institution and you are transferring 100% of this payment outside of the United States. If both of these conditions apply, please contact us so that we can review available options with you. Please call a student account analyst at 919-684-3531 to discuss further.

Please note that if you are not transferring 100% of your direct deposit refund, you are not impacted by this new regulation, and no action is required.

**Authorization**

I authorize the deposit of my student refund and other student reimbursements to the financial institution indicated on the attached **VOIDED** check. I further agree to the following conditions:

1. This authorization remains in effect until The Bursar's Office receives written notification of change or cancellation from the financial institution or the student.
2. The University reserves the right to recall or adjust any deposits improperly created and deposited to my account.
3. I authorize the financial institution to honor any recall/adjustment request made by Duke University. I further authorize the financial institution to withdraw monies available in any of my accounts at the institution in the event there are insufficient funds available in the account to cover the deposit error at the time of the recall/adjustment.
4. Any changes to this authorization must be received in writing by the Bursar's Office at least 30 days prior to the day on which the University is obligated to honor it.
5. I will hold the University harmless for any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.
6. Any subsequent direct deposit authorization submitted to Corporate Payroll for direct deposit of my paycheck will supersede this authorization; the information provide to Corporate Payroll will also be used for my student refund direct deposit.
7. If information is invalid or incorrect, I will be contacted via e-mail.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form will not be processed without your signature and your VOIDED check*