

**University of the Incarnate Word**  
**Direct Deposit Authorization Form for Student Refunds (ONLY)**

**STUDENT INFORMATION**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
(First/middle/last)

Student ID Number: (on your Student ID card) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cardinal email address: \_\_\_\_\_  
All university communications will be directed to your Cardinal email account. We strongly encourage that you check your Cardinal email frequently.

<b>Direct deposit:</b> Start _____ Change _____ Cancel _____  Please Initial
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**BANK INFORMATION**

Bank Name: \_\_\_\_\_  
We cannot process direct deposit student refunds to international bank accounts

Name on Account: \_\_\_\_\_ Relationship:  Self  Spouse  
 Parent  
 Other: \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

**Please circle one:**      Checking account                      Savings account

**DO NOT** close, cancel or change your existing bank account without first completing a New Direct Deposit Authorization Form or consulting with the Business Office at (210) 829-6043 or [busad@uiwtx.edu](mailto:busad@uiwtx.edu).

**My signature indicates that I have read and understand the information below and agree to the terms.**

I hereby authorize the direct deposit of my student account refund by University of the Incarnate Word in the account and financial institution indicated above. If amounts to which I am not entitled are deposited into my account, I authorize UIW to direct my Financial Institution to return the funds not to exceed the original amount of the credit. I understand that if I change and/or drop a course or my financial aid changes during any term, any funds which have been posted to my student account from which I accept a refund will require me to return the full amount of tuition, fees and/or financial aid back to UIW. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that UIW may withhold any amounts owing to me until such is repaid. I promise to pay all attorney's fees and other reasonable collection cost and charges necessary for the collections of any amount not paid when due.

I understand that this authorization will remain in effect unless discontinued by my written request. It is my responsibility to advise the University of any changes I desire in this direct deposit authorization. It is my responsibility to maintain the designated account as open to prevent rejected or returned entries. It is also my responsibility to verify the availability of funds in my checking account before making any transactions. The University is not responsible for NSF fees.

**Student's Signature** (required) \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form to the Business Office. Faxed and emailed copies will be accepted. The Business Office is located on the first floor of AD building, room 190. The mailing address is:** University of the Incarnate Word, Business Office, CPO 291, 4301 Broadway, San Antonio, Texas 78209; Fax: 210-829-2745; e-mail: [BUSAD@uiwtx.edu](mailto:BUSAD@uiwtx.edu). Incomplete or altered forms will not be accepted.

<b>OFFICE USE ONLY</b>	
Entered by: _____	Date: _____