



**Purpose:** Intended for parents receiving parent plus loans who wish to receive disbursement via direct deposit.

**INSTRUCTIONS FOR COMPLETION OF THIS FORM**

- Read the Terms of Agreement & Authorization below.
- Fully complete the form.
- Sign, date, and print the form.
- Make a copy for your records.
- Attach one of your pre-printed checks to the form. Write "VOID" across the face of the check.
- Submit the original completed form (*sorry, we cannot accept a fax copy of this form*), including the terms section, to: CSU, Chico, Student Financial Services, Chico, CA 95929-0242.

**TERMS OF AGREEMENT**

- I understand that I am responsible for verifying with my bank that my account has been credited.
- I understand that expenditures made from my account without such verification will be made at my own risk.
- I agree to promptly notify CSU, Chico of changes in my address or checking account status.
- I authorize CSU, Chico to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error to the account specified below.
- I authorize the financial institution named below to process the credit and/or debit entries initiated by CSU, Chico.
- Prior to a refund being issued, an audit is made on the student account to verify charges and to determine the actual amount that should be refunded to the student, to financial aid programs, and/or to pay other University debts.

**AUTHORIZATION**

Parent Name: \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Chico State Student ID: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACH VOIDED,  
PRE-PRINTED  
CHECK HERE