Bon Secours

Southside College of Health Sciences

Direct Deposit Form for Refund/Stipends

Fill out this form and return it to the SCHS Business Office or e-mail to SCHSBilling@bshsi.org

I hereby authorize *Southside College of Health Sciences* (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize my Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that the Company (or its payment processing agent) deposits funds erroneously into my account, I authorize the Company (or its payment processing agent) to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Company and my Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and my Bank reasonable opportunity to act on it.

Your signature below indicates you have read and understand the above.

Student Signature: _____

Student Name: _____ Student ID #: _____

Student Address: _____

You must attach a voided check to the form. *A deposit slip is not sufficient.*
Bank Account Information:

Bank Name / City / State: _____

Routing / Transit #: _____ Account #: _____

Select Account Type: Checking   Savings*

If you wish to deposit to a savings account, ask your bank to give you the Routing / Transit Number for your account. They may not be the same as the number on a savings deposit slip. This will ensure that there will be no delay in the deposits to your account

 To Be Completed by Business Office
Student PayMode ID: _____
Vendor ID#:_____
A/P Update: _____/_____/_____
PayMode-X Update: _____/_____/_____