



Direct Deposit Change Form

PLEASE PRINT

Student Tech ID or StarID: _____ Date: _____

Student Name: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

Direct Deposit to Checking or Savings Account:

Type of Account: _____ Checking _____ Savings

Routing Number (9-Digit Number): _____ Account Number: _____

Financial Institution Name: _____

Please review and verify your account information to ensure the correct information is given. If incorrect information is given, it is not the responsibility of Hennepin Technical College for the error.

I authorize Hennepin Technical College to initiate payments into my bank account I provided listed above. If funds were deposited into my account that I am not entitled to, I authorize Hennepin Technical College to correct the payment(s) made in error. This Authority will remain in effect until I submit written notice of request to cancel to Hennepin Technical College or cancel in eServices.

Please send the completed form to **tuitionandbilling@hennepintech.edu** from your **Hennepin Technical College email account** or turn in the form at One-Stop on either campus.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Document(s) Verified: _____ ISRS Updated: _____ ImageNow Update: _____

Entered in ISRS By: _____ Date: _____