



THOMAS M. COOLEY LAW SCHOOL
AUTHORIZATION FOR DIRECT DEPOSIT OF FINANCIAL AID PROCEEDS

Please print clearly

STUDENT NAME: _____

STUDENT NUMBER: _____ PHONE NUMBER: _____

BANK NAME: _____

BANK ROUTING NUMBER (9 digits): _____

BANK ACCOUNT NUMBER: _____

WHAT TYPE OF ACCOUNT:

CHECKING

or

SAVINGS: _____

_____ **MUST ATTACH A VOIDED CHECK**

(copy of void check acceptable for faxes)

AUTHORIZATION STATEMENT:

I authorize and request Thomas M. Cooley Law School to send the net amount due from my financial aid to the bank or other financial institution indicated above for direct deposit to my account. I understand that any changes I make to my bank account will need to be immediately communicated to the Business Office. I understand that any changes I make without notifying the Business Office or any errors in the above information may cause a delay in my receipt of my proceeds. I understand I may terminate this agreement at any time by communicating my request in writing. I understand this agreement will continue throughout my enrollment unless changes or termination is made.

STUDENT SIGNATURE: _____

DATE: _____

Enrollment forms always accepted, please allow 3 weeks for processing. Send to:
Thomas M. Cooley Law School, Attn: Business Office, PO Box 13038, Lansing, MI 48901
or
fax to (517)334-5723