



**ADDRESS VERIFICATION AND DIRECT DEPOSIT FORM**  
**Award Year 2018-2019**

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**Address Verification:**

\_\_\_\_\_  
Street Number                  Street Name                  City                  State                  Zip Code

*Please note that use of an on-campus address is not permitted. Please input your current permanent address on the line above.*

Check here if your address has changed.

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**Direct Deposit Authorization Agreement (select one):**

I wish to utilize direct deposit. I hereby authorize and request the Albany College of Pharmacy and Health Sciences hereinafter called the COLLEGE, to effect payment for any amounts owing to me by the COLLEGE as such amounts become due by initiating debit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorized and request BANK to accept any debit entries initiated by the COLLEGE as such account and to debit the same to such account.

Bank Name	Account Number	Amount (indicate Y for remainder of pay)	Account Type {checking (CK) or savings (SV)}
_____	_____	_____	_____
_____	_____	_____	_____

- I do not wish to participate in Direct Deposit.
- My Direct Deposit Information is the same as in the 2017-2018 school year.
- I would like to update my Direct Deposit Information as listed below.

It is understood that this agreement may be terminated by me at anytime by written notification to the COLLEGE. Any such notification to the COLLEGE shall be effective only with respect to entries initiated by the COLLEGE after receipt of such notification and a reasonable opportunity to act on it.

Student's Name (print): \_\_\_\_\_ Student ID number: \_\_\_\_\_

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

**Staple your voided check here or  
attach direct deposit confirmation**

Return completed form to: Office of Financial Aid, O'Brien Building, Suite 121 (Ground Floor).