Western Nevada College
Controller's Office

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Western Nevada College to:
(1) Transfer the full amount of any refund or financial aid (after all outstanding financial obligations to Western Nevada College have been met), and

(2) If necessary, initiate debit entries and adjustments for any credit entries made in error. This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my account, close my account, or change financial institutions. Failure to do so will cause delay in receiving my refund. I understand that WNC assumes no responsibility for processing a replacement refund until the funds are returned to the college by my financial institution.

Last Name	First Name	Middle Initial

Mailing Address

City	State	Zip

Phone	Social Security Number

Financial Institution Data

I request Direct Deposit by Electronic Fund Transfer of my Western Nevada College Student Account Refund/Residual funds to my checking account at the following institution:

Institution Name
Your bank account number and routing number will be taken from the voided check.

Student Signature	Date

Return COMPLETED form with VOIDED CHECK to:
WNC Controller's Office
2201 W. College Pkwy., Carson City, NV, 89703