

REQUEST FOR TERMINATION OF ACH DEPOSIT INFORMATION

I, _____ request my ACH account to be terminated for reason listed below. I understand that any future financial aid funds will be refunded to my local address within 2 weeks unless a new ACH agreement is turned in at least 10 business days prior to transmission.

Reason account must be deleted
(Please check one):

- ACCOUNT CLOSED
- DEPOSIT TO BE SENT TO ANOTHER ACCOUNT
- OTHER: _____

Signature _____ Date _____

RUID# _____

OFFICE USE ONLY	
STAFF INITIALS _____	DATE OF TERMINATION _____
NEW ACH AGREEMENT REC (Y/N)	
COMMENTS:	

