

University Billing Office

AUTHORIZATION FOR DIRECT DEPOSIT REFUND OF DIRECT PLUS (PARENT) LOAN EXCESS AID

In accordance with federal regulations, University of Iowa policy requires direct deposit of all excess financial aid refunds and credit balances from your University bill to the financial institution account of your choice.

This policy also applies to refunds from Federal Direct PLUS (parent) loans.

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There may be a delay in the refur	nd of aid if this information is no	o ensure timely deposit of excess aid to their prefe ot provided to the University Billing Office. The ba horize the direct deposit of your PLUS loan refund	ank account information
I hereby authorize The University reversing entries to correct any e	, ,	it any excess PLUS loan funds into the bank accour	nt listed below, including
Student Name & University ID #:			
Borrower Name:		Last Four Digits of Borrower SSN: XXX	-XX-
Bank Name:			
Select Account Type:	Checking Account	Savings Account	
Bank Routing # (9 digits):			
Bank Account #:			
supplied by me or by my financia agreement shall be effective on t via submission or a new form by	al institution or due to an error o the next processing window and me or by a notification of chang	is of funds, or overdraft charges due to incorrect or on the part of my financial institution in processing d remains in force until the University receives not ge by my financial institution(s). Cancellation of ch to the next payment date. By my signature below	g the entries. This tice of cancellation/change nange requests must be
transferred from a United States requirements of the Office of For United States laws, you must an Will the entire electronic payme	financial institution to a financ reign Assets Control. In order for swer the following: nt from the University of Iowa b	nust notify the University of Iowa if ACH-disburserial institution in another country. The particular in the University of Iowa to comply with the IAT rupe transferred to a foreign bank account?	rules are pursuant to les and the applicable Yes No
Borrower Signature:	onothly the oniversity of to	wa in the event the selection above is no io	nger correct.
-		D-t	
Borrower Phone Number:		Date:	
Borrower E-Mail:			
Print this form, sign and mail to:	UI Service Center University Billing		

lowa City, IA 52242 Phone: 319-335-0071 | 800-943-4557

2700 University Capitol Centre

FAX: 319-353-2442 ubill@uiowa.edu