

The Wright Institute

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

New

Change

Cancel

Last Name	First Name	M.I.	
Phone Number			Date of Birth
Deposit into my: Checking Account (attached voided check; check must be imprinted with your name)			
Bank Name _____			

I hereby authorize the Wright Institute to make deposits via electronic fund transfer into my account. I understand that it may take fifteen working days from the date the Wright receives this Authorization Agreement to process this request.

This authorization is to remain in full force and effect until the Wright receives written notification from me of its termination in such time and such manner as to afford the Wright a reasonable opportunity to verify and act on it. A new authorization must be completed if I change my account, close my account, or change financial institutions.

I am responsible for repaying any funds that I receive in excess of my financial aid eligibility as a result of this authorization. My Wright student account will be charged for any amounts received in excess of my financial aid eligibility or for any over-award. **In the event that the exercise of this authorization for any reason results in an overpayment of funds due me, I hereby authorize the Wright to withhold a sum equal to the overpayment from future payments of financial aid.**

I agree that I am responsible for any funds transferred in accordance with this authorization. If any action taken by me, without adequate notification to the Wright Business Office, results in non acceptance of the funds transfer by my financial institution. I understand that the Wright assumes no responsibility for processing supplemental financial aid until the funds are returned to the Wright by my financial institution.

Signature _____ **Date** _____

Note: A VOIDED CHECK IMPRINTED WITH YOUR NAME MUST BE ATTACHED TO THIS FORM

Submit:

By mail to	In person at
The Wright Institute/ Business Office 2728 Durant Ave. Berkeley, CA 94704	The Business Office Room 220