



Direct Deposit Enrollment /Agreement Form For Student Refunds

Please select one:

New Enrollment

Changes to Current Enrollment *

Stop Enrollment

* Changing from CCC Prepaid Debit Card to Direct Deposit & vice versa
Changing from checking account to savings account & vice versa

PART I: PERSONAL DATA

Name: _____

College: _____

Student ID#: _____

Social Security #: _____

Home Phone# _____

Secondary Phone#: _____

PART II: ACCOUNT INFORMATION

Please complete all account and bank information below for new enrollment or change to your current enrollment

Type of Account: (Select one) Checking

Savings

Bank/Institution Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Transit/Routing#: _____ Account #: _____

Please Note:

- You **MUST** attach a voided check for Checking Account Use or a Deposit Slip for Savings Account Use.
Please allow 4-6 weeks for normal processing time.
- City Colleges of Chicago (CCC) will contact you if any information listed above is invalid.

I hereby authorize City Colleges of Chicago (CCC), to initiate credit entries and adjustments for any credit entries in error to my account indicated above and the bank/institution named about, hereinafter called Bank/Institution, to credit and/or debit to the same such account.

This authority is to remain in full force and effect until CCC has received written notification from me of its termination in such time and in such manner as to afford CCC and the Bank/Institution reasonable opportunity to act upon it.

Student Signature: _____ Date: _____

Please submit this completed form to the Business Office at your campus.