



**BURRELL COLLEGE OF OSTEOPATHIC MEDICINE
AUTHORIZATION FOR DIRECT DEPOSIT OF STUDENT REFUND**

Please return form to:
BCOM
Attention: Bursars Office
3501 Arrowhead Drive
Las Cruces, NM 88001
E-mail to vmartin@bcomnm.org
Phone: 575-674-2283

PLEASE PRINT LEGIBLY

YES! I would like to have my refund direct deposited to my checking or savings account. *Please include a copy of a voided check with this form.*

NAME _____ SIGNATURE _____

PHONE # _____ BCOM E-MAIL _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (we) hereby authorize BCOM to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) bank account indicated below and the bank named below to credit/debit the same to such account. I (we) understand the prenote process could take up to two weeks to be completed with both financial institutions.

FINANCIAL INSTITUTION INFORMATION:

NAME OF BANK _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ABA NUMBER OF YOUR FINANCIAL INSTITUTION _____

(9 digits on bottom left of check, not from deposit slip.)

ACCOUNT NUMBER TO BE USED _____

TYPE OF ACCT: _____ CHECKING _____ SAVINGS

BANK'S PHONE# _____

This authority is to remain in full force and effect until the BCOM Bursars Office has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BCOM and the financial institution a reasonable opportunity to act on it. I (We) will be held accountable for any bank fee charges resulting from inaccurate transfer information provided. My (Our) signature(s) below indicate agreement with the above terms and conditions for automatic deposits.

NAME(S) ON ACCOUNT _____

SIGNATURE 1 _____

SIGNATURE 2 _____

DATE SIGNED _____

BCOM takes responsibility to protect the privacy and confidentiality of our students' information seriously. We maintain safeguards to store and secure information about you from unauthorized access, alteration, and destruction.