



**Student Direct Deposit Participant
Student's Loans Disbursement**

Accounting Office

Student Full Name: _____

Class: _____

Email: _____

Postal Address: _____

Telephone/Cell: _____

S.S (Last four digits) _____

Account Number: _____

Bank ID (Routing #): _____

Bank Name: _____

Transaction Type:

- 1. The same as last academic year (Please write the bank account number)
- 2. New Participant
 - a.) Checking Account
 - b.) Saving Account
- 3. Change to new account
 - a.) Checking Account
 - b.) Saving Account
- 4. Cancel Participation - I don't want the disbursement by Direct Deposit
The disbursement will be made by check. (I don't have a student loan)
I authorize the Ponce Health Sciences University to cancel my direct deposit service.

Signature

Date

NOTE: Be sure you write correctly the bank account number and the tracking number (this must have 9 numbers). We need your email and/or phone number to contact you in case we have problems with your direct deposit, or we need you to pick up the check.

****PLEASE SEND COMPLETED DOCUMENT TO: DIRECTDEPOSIT@PSM.EDU**

*****For Office use only*****

Accounting Office Received Date: _____

Student ID No.: _____