



Electronic Funds Transfer Enrollment Form

The following confidential information is used to ensure proper identification.

Student Information (Please Print)			
Name: First Name		Middle Initial	Last Name
Physical Mailing Address:			Apartment #:
City:	State:	Country:	Zip Code:
Home Telephone (Area Code Required): () -		Work Telephone (Area Code Required): () -	Date of Birth (MM/DD/YYYY) / /
Social Security Number:		Email Address:	
Drivers License Number:		State and Issue Date:	Expiration Date:

Student Authorization	
<p>I authorize all federal, state, institutional, and private financial aid to be electronically transferred to the financial institution listed below. Florida Community College at Jacksonville (FCCJ) will deduct tuition and debts due to the College before transferring the balance of my financial aid to my account. I understand that I may revoke this authorization at any time by notifying FCCJ at least five business days before the scheduled transfer of the funds.</p> <p><input type="checkbox"/> I am applying for a Student CampusEdge Account with Bank of America. I acknowledge receipt of informational material about the Student CampusEdge Account. ** To open a CampusEdge account, you must obtain a Personal Signature Card form from Bank of America or any FCCJ Business Office. Fill in the Tax Identification Number and Signature and attach to this form.</p> <p><input type="checkbox"/> I authorize FCCJ to electronically deposit my financial aid funds into my personal bank account at the financial institution provided. I will verify all deposits with my bank prior to writing checks from those proceeds. If I change my bank or account number, or close my account, I agree to submit a new electronic funds transfer authorization to Florida Community College at Jacksonville.</p> <p>Name of Financial/Banking Institution: _____</p> <p>** You must attach a voided check with all information pre-printed. Temporary checks or deposit slips will not be accepted. A letter from your banking institution with the necessary account information may be used if you are requesting direct deposit into a savings account.</p>	
_____ Signature of Student	_____ Date
<i>Please allow 5 business days for processing. You will receive your next disbursement of funds by check if your financial aid disbursement is scheduled within this time period.</i>	

FCCJ BAO Signature:	DATE:
Bank of America Signature: (for CampusEdge Only):	DATE:
Account Number (for CampusEdge Only):	Routing Number: