



Office of Bursar  
 8550 Magellan Parkway, Suite 1100 | Richmond, VA | 23227  
 W: 804-627-5362 | F: 804-627-5441  
 Email: bsr-bursar@bshsi.org

**Direct Deposit Form for Refund/Stipends**

Fill out this form and return it to the Bursar/ Fiscal Department Fax (804) 627-5480 or e-mail to [bsr-bursar@bshsi.org](mailto:bsr-bursar@bshsi.org).

I hereby authorize *Bon Secours Memorial College of Nursing* (hereinafter “Company”) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. Further, I authorize my Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that the Company (or its payment processing agent) deposits funds erroneously into my account, I authorize the Company (or its payment processing agent) to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Company and my Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and my Bank reasonable opportunity to act on it.

Your signature below indicates you have read and understand the above.

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_

**\*\*You also must attach either a blank check with ‘void’ written across it, or if you do your banking online please provide a snapshot of your banking website that shows your routing number and your account number\*\***

**Bank Account Information:**

Bank Name / City / State: \_\_\_\_\_

Routing / Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

Circle Account Type:    Checking                      Savings\*

*\*If you wish to deposit to a savings account, ask your bank to give you the Routing / Transit Number for your account. They may not be the same as the number on a savings deposit slip. This will ensure that there will be no delay in the deposits to your account*

**To Be Completed by Finance**

Student PayMode ID: CON. \_\_\_\_\_

Vendor ID#: \_\_\_\_\_

A/P Update: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PayMode-X Update: \_\_\_\_ / \_\_\_\_ / \_\_\_\_