

# HUMBOLDT STATE UNIVERSITY

## Student Financial Services

1 Harpst Street – SBS 257  
Arcata CA 95521  
707-826-6789

### Student Electronic Funds Transfer Authorization

Please check one of the following:  New Request  Change  Cancel Authorization

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Checking  Savings

Please provide the following banking information:

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

#### Terms and Conditions

I hereby authorize in accordance with the rules and regulations of the National Automated Clearinghouse Association ("NACHA") Humboldt State University to credit any reimbursements due to me via automated clearinghouse electronic fund transfer ("ACH") to the bank and bank account owned by me referenced above.

Note: I understand that Humboldt State University requires two (2) business days for funds to become available following an ACH electronic funds transfer.

I acknowledge that I have read and agree to the above Terms and Conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Submit this form to Student Financial Services – SBS 257**

#### Privacy Notification

Per the State of California Information Practices Act of 1977, the principal purpose for requesting information on this form is to acquire authorization for payment to a financial institution of the individual's choosing. A complete copy of the Act will be provided upon request.