



# Authorization for Financial Aid Direct Deposit

Mayo Clinic College of Medicine and Science

Return completed form to: **Mayo Clinic Student Financial Aid Office**

Via email (recommended): [MAYOFINAID@mayo.edu](mailto:MAYOFINAID@mayo.edu)

Via postal mail: Siebens 5, 200 First Street SW  
Rochester, MN 55905

With your authorization, Mayo Foundation can apply your financial aid funds to your current tuition charges and transfer any remaining funds electronically to your personal bank account. We strongly recommend enrolling in direct deposit for the fastest and most secure way for you to receive these funds.

Complete the information below to utilize direct deposit.

## Step 1 – Student Contact Information

Student Name (First Middle Last)		LAN ID (if known)
Mailing Address (Street, Apartment/Unit, City, State, ZIP Code)		
Email	Phone	Social Security No. Last 4 Digits

## Step 2 – Deposit Account Information

Account Type (check only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Transit/ABA Routing Number	Account Number	
Financial Institution Name		
City	State	ZIP Code

## Step 3 – Verification Documentation

With this completed form, submit one of the following for the account listed in step 2.

**If Checking Account** – Attach a voided check, or a copy of a bank statement showing your name and ACH routing number and account numbers, or a letter from the financial institution on letterhead including the account information above.

**If Savings Account** – Attach a copy of a bank statement indicating your name and ACH routing number and account number, or a letter from the Financial Institution on letterhead including your name, routing, and account numbers.

If your financial institution is a federal credit union, check with them to make sure you have the correct ACH or ABA number for your account.

I authorize Mayo Foundation to apply my financial aid proceeds towards my tuition and to credit the balance to the account identified above. This authorization shall remain in effect throughout the entire period during which I am enrolled at Mayo Foundation. I may cancel or modify this authorization at any time. All changes will become effective immediately upon written notification to the Mayo Financial Aid Office. I understand that if any of the above information changes, I will promptly complete a new authorization agreement. I understand that if I fail to stop my direct deposit before closing my account, funds payable to me will be returned to Mayo Foundation for distribution. This will delay the deposit of my financial aid credit balance. Mayo Foundation will provide notice of all credits or deposits initiated by electronic funds transfer. Mayo Foundation is authorized to reverse any deposit made in error. In addition to this authorization, I understand that I must be otherwise eligible to receive the funds.

## Signature

Student Signature ▶	Date (mm-dd-yyyy)
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