|  |  |
| --- | --- |
| A picture containing text  Description automatically generated | CCM E-Refund Form |

Enrollment Information - New 󠄀󠄀 Change 󠄀󠄀 Cancel 󠄀󠄀 ***Today’s Date***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Vendor 󠄀󠄀** | **Student** | **X** |  | **Employee 󠄀󠄀** |

## Payee Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  | |  | Student ID: | |  | |
|  | Last | | | First | |  |  | |  | |
| Mailing Address: | |  | | | | | |  | | |
|  | | Street Address | | | | | |  | | |
| Address Line 2 | |  | | | | | | | |  |
|  | | Street Address 2 | | | | | | | |  |
|  | |  | | | |  | | | |  |
|  | | City | | | | State | | | | ZIP Code |
| Phone: |  | | Student Email: | |  | | | | | |
| You will receive notification of each deposit via this email address. Please add “[AccountsPayable@ccm.edu](mailto:AccountsPayable@ccm.edu)” to your email filters | | | | | | | | | | |

## Financial Institution / Bank Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Financial Institution: | ­­­­ | Checking: | 󠄀 | Savings: | 󠄀 |  |

Routing/Transit Number (9 Digits)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Account Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| ***\*\*Must Attach a voided check for account above!!\*\****  To ensure that my account is properly credited, I have attached a voided check or my bank’s form for the account listed above where the amount will be deposited. |

## Disclaimer and Signature

County College of Morris

214 Center Grove Road

SCC - 225 – Bursar’s Office

Randolph, NJ 07869

973-328-5115

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature: |  | Date: |  |
| Print Name: |  | Phone: |  |

I hereby authorize County College of Morris to initiate credit entries to the depository account(s) at the financial institution(s) as indicated above. If CCM deposits funds to my account(s) which I am not entitled to receive, I authorize CCM to make an adjusting debit entry to the account up to the amount of the overpayment.

I agree not to hold CCM responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until County College of Morris receives written notification of cancellation by me or my financial institution, or until I submit a new ACH deposit form to the Bursar’s Office. Allow ten business days for the College to process cancellations or changes to this information.

***Mail or Hand in*** Completed form to: