



Authorization Agreement for Automated Financial Aid and Refund Deposits

PLEASE CHECK THE APPROPRIATE BOX BELOW.

NEW Change BANK or ACCT# Delete Authorization Change email

Bank Name	City	State	Account #

I am eighteen years of age or older and I hereby authorize CNM to make payment of any amounts owing to me by initiating direct deposit credit entries, and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution indicated above. I am authorized to withdraw funds from this account. **This authorization will remain in effect until cancelled in writing. A new authorization must be completed if I change my CNM email address, change my account, close my account or change financial institutions.**

Note: I understand that the college requires 10 business days to set up this authorization. In the event that my banking institution refuses the electronic transfer of funds, I understand that it may be up to 10 working days before the college will produce a disbursement check. If any action taken by me, without adequate notification to CNM, results in non-acceptance of the transfer by my financial institution or in the deposit of funds to an incorrect account, I understand that CNM assumes no responsibility for re-issuing the payment unless the funds are returned by the financial institution.

Student Name (Print)	Student ID No.	
Date	Signature	Phone #

Direct deposit advices will be emailed to your CNM email address. _____@cnm.edu

(Direct Deposit Advice information may only be electronically sent to a CNM e-mail address.)

Account Type Checking Savings

For checking accounts attach a "voided check".

For savings accounts attach a deposit slip.

Forward to the Cashier's Office.

Physical Address: CNM Cashier's Office
900 University SE
Albuquerque, NM 87106
(505)224-3471

Mailing Address: CNM Cashier's Office
PO Box 4586
Albuquerque, NM 87196