

Student Direct Deposit Account Change Request

Name (please print): _____

Tech ID Number: _____

Address: _____

Phone #: _____

Account Type: Checking _____ or Savings _____

Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

For Business Office or Student Affairs Office Staff Only:

Must check at least two:

Identification verified by

Social Security Number (all nine digits) confirmed? _____

Driver's license? _____

SCC Student ID card with photograph? _____

Passport? _____

See _____ for additional forms of verification and, if used, identify here: _____

Verified by: _____ Date: _____

Direct deposit account updated by ~~181~~ ~~824~~ /leeeeeee