

DIRECT DEPOSIT CANCELLATION REQUEST

Please cancel my direct deposit associated with my Student Finance account to:

NAME OF FINANCIAL INSTITUTION: _____

Full Legal Name Of Student _____
(Please Print)

Empl ID: W_____

Date of Request: _____

Student Signature _____

SEND FORM BY MAIL OR FAX TO:

BSC Student Finance
PO Box 5587
Bismarck ND 58506-5587

Or

Fax: 701-224-5550

Allow 24 hours after receipt of form by the Student Finance Office for deactivation of Direct Deposit.