

Student Direct Deposit Account Change Request



**South Central
COLLEGE**

FARIBAULT • NORTH MANKATO

Name (please print): _____

Tech ID Number: _____

Address: _____

Phone Number: _____

Account Type: ☐ **Checking** ☐ **Savings**

Routing Number _____

Account Number _____

Signature: _____ **Date:** _____

For Business Office or Student Affairs Office Staff Only

Identification Verified by (Must check at least two of the following):

- ☐ **Social Security Number (all nine digits) confirmed**
- ☐ **Driver's License**
- ☐ **SCC Student ID card with photograph**
- ☐ **Passport**

See **Student Identity Verification Reference Guide**

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

Verified by: _____ **Date:** _____

Direct Deposit Account updated by: _____ **Date:** _____