

## ELECTRONIC FUNDS TRANSFER RETURN REQUEST

Student Financial Services FHAC Suite G7 Tallahassee, Florida 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famu.edu

| Print Full Name:          |  |                         | Student ID:         | Student ID: |  |
|---------------------------|--|-------------------------|---------------------|-------------|--|
|                           | (Last)   | (First)                 |                     |             |  |
| Student Address:          |  |                         |                     |             |  |
| _                         | (Street Address)   | (Apt #)                 |                     |             |  |
| _                         | (City)   | (State)                 | (Zip Code)          |             |  |
|                           | (City)   | (State)                 | (Zip Code)          |             |  |
| hone Number:              |  | _ Email Ade             | dress:              |             |  |
| PLEASE ANSWER<br>REQUEST: | THE FOLLOWING QUESTION BEL   | OW BEFORE COMPLETING TH | IIS                 |             |  |
| IS YOUR DIRECT I          | DEPOSIT INFORMATION OR MAIL  | ING ADDRESS CURRENT?    | ☐ YES ☐             | NO          |  |
|                           | If you have a balance on your accouplied to the balance in iRattler. Ref |                         |                     |             |  |
| EXPLANATION:              |  |                         |                     |             |  |
|                           |  |                         |                     |             |  |
|                           |  |                         |                     |             |  |
|                           |  |                         |                     |             |  |
| STUD                      | ENT'S SIGNATURE  | DATE                    | <u></u>             |             |  |
|                           | Request:   Approved   1  |                         |                     |             |  |
| <b>AMOUNT</b> : \$        |  |                         |                     |             |  |
| <b>AMOUNT</b> : \$        |  |                         |                     |             |  |
| ΑΙνΙΟΟΙΝΙ. Φ              |  |                         |                     |             |  |
| COMMENTS:                 |  |                         |                     |             |  |
|                           |  |                         |                     |             |  |
|                           |  |                         |                     |             |  |
|                           | ASSISTANT CONTROLLER'S SIGNAT  |                         | DATE                |             |  |
|                           | FFICE USE ONLY>>EFT REVERSED   |                         | ROCESSED IRATTLER<< |             |  |
| DATE:                     | EFT/CHECK# _   | SIGNATUR                | RE:                 |             |  |
|                           | RETURNED DATE: LIPDATED:   |                         |                     |             |  |