



ACH Transfer Request Form

To have your Chaffey College financial aid disbursement issued via ACH Transfer to a bank of your choice, complete and sign this form and mail it to Chaffey Federal Credit Union, P O Box 660, Ontario, CA, 91762, ATTN: Accounting Dept., OR return it to any Chaffey Federal Credit Union Branch below:

- 410 N. Lemon Ave. 9679 Baseline Rd. 210 N. First St. 20265 Valley Blvd., Ste. S
- Ontario CA 91764 Rancho Cucamonga, CA 91730 La Puente, CA 91744 Walnut, CA 91789
- ATTN: Accounting Dept. ATTN: Accounting Dept. ATTN: Accounting Dept. ATTN: Accounting Dept.

Last Name: _____ First Name: _____ Social Security Number: _____

Financial Institution: _____ [] Checking [] Savings Bank Routing Number: _____

Bank Account Number: _____ *For ACH Transfer to a checking account, please attach a voided check as shown below.*

Signature: _____ Date: _____ For Office Use: _____

Consent of Release of Confidential/Student Record Information: I hereby authorize Chaffey Community College to release the personally identifiable information contained in my student file. I understand that the purpose of this disclosure is to assist Chaffey Community College in establishing the electronic funds transfer that will be initiated by CFCU of federal and/or state program funds. I further understand that participation in this electronic fund transfer program is optional and at no cost to me. The information you provide will be shared by Chaffey Community College and CFCU only. This information will not be disseminated, sold, traded or otherwise re-disclosed to others without my appropriate written consent. I understand that personally identifiable student information is protected under the confidentiality provisions of the Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g and California Education Code section 762000 et seq. I further understand that I have the right not to consent to the release of the above information and this consent shall remain in effect until revoked by me, in writing, except to the extent that action has been taken in reliance on my consent. I further understand that if I elect NOT to receive payments electronically to an existing bank account, the only other method of payment will be to a student grant account established on my behalf at Chaffey Federal Credit Union. I understand I must make this written notification at least 10 business days prior to the electronic funds transfer date. The written notification will be made to Chaffey Federal Credit Union, P.O. Box 660, Ontario, CA 91762.

I hereby authorize Chaffey Federal Credit Union to initiate credit entries (and/or debit entries if necessary for corrections) to my account indicated and to credit the same to such account. This authorization is to remain in full force and effect until Chaffey Federal Credit Union has received written notification from me of its termination in such time and in such manner as to afford Chaffey Federal Credit Union and my bank a reasonable opportunity to act on it.

Attach voided check here

