

College of Court Reporting Financial Aid Master Application All Programs

455 West Lincolnway Valparaiso, Indiana 46385 866-294-3974 – 219-531-1459

First Name:	Middle:	Last Name:	
Date of Birth:	Social Securit	y #:	
Address:	City:		
State: Zip Code:	Telephone:	Email:	
	BANKING INFORMA	TION	
The following information will be	used for Direct Deposit/Deb	pit of Financial Aid funds.	
Type of Account: ☐ Checking A	ccount	t	
Name of Financial Institution:			
Financial Institution Transit Routi	ng Number:		
Financial Institution Account Nun	nber:		
T-21/0 (1)			
TERMS AN	ID CONDITIONS FOR DIR	ECT DEPOSIT/DEBIT	
☐ I understand that my financial in order for me to participate in the		per of an Automated Clearing House (ACH)	
☐ I understand that I must comp program. A signed and dated for		to enroll in the direct deposit/debit g.	
	ed by College of Court Rep	e signed all parties associated with the orting (CCR), there may be up to a 4 week pecome effective.	
☐ I understand that I will receive financial aid received during my €		nse reimbursement from my federal	
	from my account and that it	receipt or monthly statement each time an is my responsibility to verify that the	
investigate the cause and if nece me. Pending resolution of the ele	essary, will issue and mail a ectronic transfer problem, I v il. Reinstatement in the CC	Ito CCR or for any reason, CCR will living expense reimbursement check to will continue to receive living expense R direct deposit/debit program will be of any action taken.	

Revised: 7-20-2016

☐ I understand that it is my responsibility to notify CCR im	mediately of	any changes	in my accoun	ıt
such as account closure or change in account number and indicating the action is a CHANGE, and specify the new acceeded administrative processing period before the changes in the CCR direct deposit/debit service, I will receive check during that time.	I that I will need becount informate become effe	ed to complet ation. There n ctive. If there	e this form hay be up to a is an interrup	a 4 tion
☐ I understand that I may cancel my participation in the C by completing this form indicating the action is a CANCEL. date you indicate or as soon as the form is received and process.	The cancella	tion will take	effect as of th	
☐ I understand that this agreement may also be canceled reserves the right to automatically cancel my participation in longer being an enrolled student at CCR.				
☐ I understand that if I re—enroll at CCR, my participation the terms and conditions of this agreement will remain in e cancel. If I have any questions regarding this form, the CC electronic transfers to my account, I will call the College of	ffect from one R direct depo	year to the r sit/debit prog	ext until you am or any	y with
☐ I understand that my living expense disbursements will institution account each semester. Fees such as (books, to and handling) are then deducted back.				
REQUIRED SIGNAT	TUPES			
REGUIRES CIONA	101120			
Certification: I certify that the above answers are true, con knowledge. By signing this document I/we certify that all the Student Aid is complete and accurate. I/we also agree to pauthorization to credit my student ledger card with the feder on my Award Letter for tuition payment.	ne informatior provide Colleg	reported to one of Court Re	qualify for Fed porting	
	/	1		
Signature of Applicant	Month	Day	Year	
Signature of Spouse/Parent/Legal Guardian	/ Month	/	Year	
		•		
Acceptance: I have reviewed and accepted the Financial Reporting.	Aid Master Ap	oplication for	College of Co	urt
	/	/		
Signature and Title of College of Court Reporting Representative	Month	Day	Year	