

Oglala Lakota College
Mileage / Travel / Scholarship Disbursement
Deposit Authorization Form

I hereby authorize Oglala Lakota College to deposit my travel and/or scholarship disbursement into my account as described below.

Bank Name _____

Bank Address _____

Routing Number _____

Account Number _____

Account Type _____
(Checking or Saving)

This authorization is to remain in full force and effect until OLC Business Office has received written notification from me of its termination. Written notification must be received prior to termination.

Print Name _____ ID# _____

Signature _____

Date _____

Please attach a copy of void check to this form. Deposit slips are not accepted.

PLEASE RETURN COMPLETED FORM TO THE BUSINESS OFFICE.

FAX : (605)455-2787

EMAIL: rcedarface@olc.edu or schargingeagle@olc.edu

(Incomplete and/or missing information will delay processing.)

CANCELATION OR CORRECTION OF THIS
AUTHORIZATION MUST BE IN WRITING BY THE
STUDENT/EMPLOYEE.