



Student ACH Refund Setup & Identity Verification Form

Student Information

Full Legal Name: _____

Student ID: _____ Date: _____

Date of Birth: _____ Phone: _____

PCCC Email: _____

Address Verification

Street Address: _____

City: _____ State: _____ ZIP: _____

Bank Account Information (ACH Refunds)

Bank Name: _____

Account Holder Name (must match student): _____

Account Type: Checking Savings

Routing Number: _____ Account Number: _____

Required In-Person Documentation (Attach Copies)

- PCCC ID or government-issued photo ID (Driver's License, State ID, or Passport)
- Voided check OR official bank document with Account and Routing #

Student Certification

I certify that the information provided is accurate and that the bank account listed belongs to me. I understand that providing false information may result in delayed refunds, revocation of ACH privileges, or further action.

Student Signature: _____ Date: _____

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- Office Use Only:** Identity verified in person Documentation Input in Colleague
- Docs reviewed and shredded once processed

Staff Name: _____

Staff Signature: _____

Date: _____