

SCHOLARSHIP/STIPEND DIRECT DEPOSIT FORM

FORM MUST BE ACCOMPANIED BY A VOIDED CHECK

COMPANY INFORMATION:	Fulfillment Fund 6100 Wilshire Blvd. Suite 600 Los Angeles, CA 90048
CONTACT:	Finance Department 323-900-8707

STUDENT INFORMATION:

Student Name:	Student Phone #:
Student Mailing Address:	

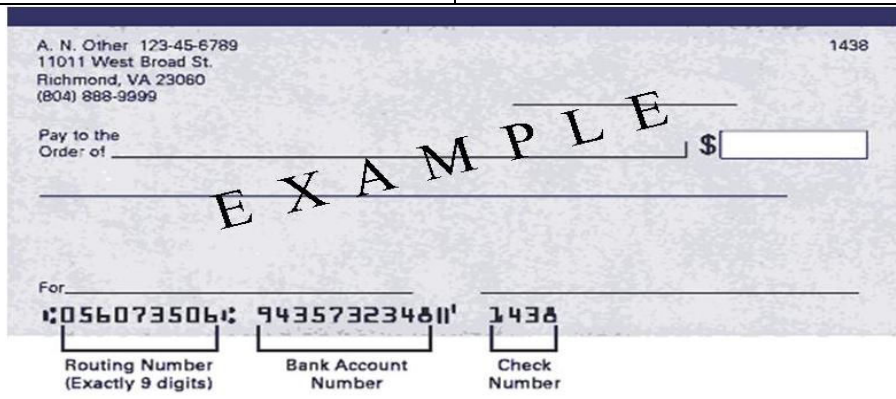
BANK INFORMATION:

Name of Financial Institution (Bank):	Financial Institution Address:											
Type of Account:	Routing #:	Account #:										
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											_____ _____

I authorize Fulfillment Fund to initiate credit entries into my account for payments and if necessary, debit entries and adjustments for any credit entries made in error.

STUDENT AUTHORIZATION:

Signature:	Date:



(Attach check or deposit slip here)