



San Diego Community College District  
**Request to Cancel Direct Deposit Enrollment**

City      Mesa      Miramar

Name: \_\_\_\_\_  
(Print)                      Last                      First                      MI

Student ID Number: \_\_\_\_\_

Cancellation requests must be received by 12:00 noon on Thursdays to ensure they take effect for the current week's Financial Aid refunds. However, cancellation requests received after 12:00 noon on Thursdays may still be processed depending on staff availability. This requirement will be changed to 12 noon earlier in the week if there is a holiday (s) on a Thursday and/or Friday.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>OFFICE USE ONLY</b> |                       |
|------------------------|-----------------------|
| Entered by:            | _____                 |
| (Print)                | Last Name, First Name |
| Date Revoked:          | _____                 |