

DIRECT DEPOSIT AUTHORIZATION FORM—ACCOUNTS PAYABLE

Name: _____ Social Security #: _____
 (Please Print)

RIT Department: _____ RIT Extension: _____

Fill out all pertinent information. IF YOU ARE SETTING UP A NEW DIRECT DEPOSIT, YOU MUST ATTACH A CHECK MARKED "VOID".

A. To Set Up A New Direct Deposit: *(Attach a blank check marked 'VOID')*

Bank Name	
Account Number	
Type of Account	? Checking ? Savings

B. To Change a Current Direct Deposit: *(Attach a blank check marked "VOID" for the new account)*

Old Bank Name		New Bank Name	
Account Number		Account Number	
Type of Account	? Checking ? Savings	Type of Account	? Checking ? Savings

C. To Cancel a Direct Deposit: *(Note: Do not close your account until you have notified all payors who deposit directly into you account.)*

Bank Name		Bank Name	
Account Number		Account Number	
Type of Account	? Checking ? Savings	Type of Account	? Checking ? Savings

Please Read Carefully:

I hereby authorize the Rochester Institute of Technology to make the deposits/changes as indicated above. RIT is also authorized to draw drafts to adjust any OVER-Deposit(s) which is made to my account. I will not hold my bank liable for any erroneous deposits or adjustments by RIT

SIGNATURE:

Date

Accounting Use only:

Date Received: _____ Date Entered in AP: _____ Entered By: _____