



Direct Deposit Authorization Form - Accounts Payable

Name University ID #

Address Phone

Check here if this is related to Graduate Research Assistant, Fellowship, or Stipend payments

To set up a new direct deposit account, attach a voided check below.

| | |
|---|------------------------------------|
| Robert Smith 123 Stone Lane Rochester, NY 14609 | 456 |
| | Date _____ |
| Pay to _____ the order of | \$ <input type="text"/> Dollars |
| VOID | |
| BANK NAME | |
| 1 2 3 4 5 6 7 8 9 | 1 3 4 5 6 7 8 9 " |
| Transit Number | Account Number |
| | 0 4 5 6 Check Number |

If you do not have a check, please completely fill in the information below:

Bank Name Checking

Transit Number Account Number Savings

Is this replacing an existing account? If so please indicate the old bank below:

Bank Name Checking

Transit Number Account Number Savings

To CANCEL a bank account, please indicate the bank below:

Bank Name Checking

Transit Number Account Number 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-deposits(s) which is made to my account. I will not hold my bank liable for any erroneous deposits of adjustments by RIT.

Signature: _____ Date: _____

Return this completed form to the Accounts Payable Office - 2nd Floor, Barnes & Noble @Park Point

| | | |
|----------------------|-----------------------|-------------|
| Accounting Use Only: | | |
| Date Received: | Date Entered Into AP: | Entered By: |