

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Barnard College to deposit all checks payable to me or my organization directly into my account with the Financial Institution named below.

Financial Institution Information:

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

*Select One:*     Checking     Savings     Money Market

Payee Information:

Name of Person or Organization \_\_\_\_\_

SSN/EIN \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Contact Phone No \_\_\_\_\_

This authority is to remain in full force and effect until Barnard College has received written notification from me of its termination in such time and in such manner as to afford Barnard College and the Financial Institution a reasonable opportunity to act on it. If an incorrect amount should be deposited into my account, I authorize my Financial Institution to make the appropriate adjustment.

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Title** \_\_\_\_\_

*Select One:*     New Account     Change Account     Cancel Agreement

**Please attach voided check or bank reference letter here.**

**Please return signed and dated agreement together with voided check or bank reference letter to Barnard College, Accounts Payable Department, 3009 Broadway, New York, NY 10027.**

**By email: [apayable@barnard.edu](mailto:apayable@barnard.edu) By fax: (212) 280-8942**