



DIRECT DEPOSIT AUTHORIZATION FORM
Individual

I authorize New Jersey Institute of Technology to electronically deposit payments to me to the undersigned bank account via the Automatic Clearing House (ACH). This authorization will remain in effect until it has been cancelled in writing. In the event that funds are erroneously deposited to the undersigned's bank account, New Jersey Institute of Technology is authorized to debit the account in the amount of the erroneous deposit with prior written or verbal notice to the undersigned.

Type of Authorization (circle one): Add Change Delete

Form with fields for Faculty/Staff/Student/Other, Banner/Employee ID Number, Name, Street Address, City, State, Zip, Signature, Title, Phone Number, Financial Institution Name, Financial Institution Address, Bank Routing Number, Bank Account Number, Account Type (Checking/Savings), and a section for proof of banking.

RETURN COMPLETED FORM AND PROOF OF BANKING TO: New Jersey Institute of Technology, Accounts Payable Department, Fenster Hall, Room 550, 323 Martin Luther King Blvd, Newark, NJ 07102

Please call (973)-596-3170 for assistance.

For internal use only
Input by _____
Date _____
Vendor # _____