



**DIRECT DEPOSIT AUTHORIZATION FORM
VENDOR**

I authorize New Jersey Institute of Technology to electronically deposit invoice payments 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

Tax Identification Number

Business Name (Please Print)

Street Address

City

State

Zip

ACH Coordinator or Contact Person (Please Print)

Phone Number

Authorized Signature

Title

Phone Number

Financial Institution Name (Please Print)

Financial Institution Address

City

State

Zip

Bank Routing Number (ABA#)

Bank Account Number

Account Type (Check one)

Checking

Savings

*** Please attach a voided check or deposit ticket or bank letterhead with account and routing number.**

*Please provide one **E-mail** address for remittance advice:

Business _____

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

Please call (973)-596-3170 for assistance

For internal use only

Input by _____

Date _____