

Direct Deposit (ACH) Authorization Form

- For complete accuracy please attach a voided (Cancelled) check from your checking account, a deposit slip from your savings account or a letter from the bank providing your checking or savings account information. The details from the check/deposit slip would be used to verify the account details.
- Do not email your bank account information.
- For any questions or concerns please contact the Office of Grants/Sponsored Programs at (718) 631-6357 or call the Research Foundaion: (212) 417-8599.

<u>Payee Name:</u>	<u>Bank/ Financial Institution:</u>

<u>ABA Routing Number:</u>	<u>City/ State:</u>
<u>Account Number:</u>	<u>Voided Check/ Deposit Slip Attached?</u>
<u>Please check the applicable option:</u> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Email Address:</u>	<u>Telephone Number:</u>

<u>Address:</u>

I authorize The Research Foundation of the City University of New York and the above Financial Institution to send credit entries, as well as appropriate adjustments and debit entries to my account indicated above.
