Institute for Advanced Study

Authorization Agreement for Automatic Deposits

Accounts Payable Direct Deposit Form

** US Dollar Bank Accounts Only **

Please check applicable:

I hereby authorize the Institute for Advanced Study to initiate by electronic means direct deposits (credit entries) of any Accounts Payable checks to my **(please check one)** **Checking** ☐ **or Savings** ☐ account in the entity named below ("Depository") and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or debit the amount of such entries to my account.

All information must be typed. No handwritten information will be accepted.

Bank Name

Bank Address

Account Number Transit/ABA Number (9 Digits)

This authority is to remain in full force and effect until the Institute has received written notification from me of a change in such time and in such manner as to afford the Institute and the Depository a reasonable opportunity to act on it and in no event shall a change notice be effective with respect to entries processed by the Institute or the Depository prior to its receipt.

Printed Name

Signature

For Checking

Include a voided blank personalized check or documentation from your bank that includes your checking account number and bank Transit/ABA Number (9 digits)..

ATTACH CHECK HERE

For Savings

Include savings documentation from your bank that includes your savings account number and bank Transit/ABA Number (9 digits).