



Authorization Agreement for Automatic Deposits
*****Accounts Payable Direct Deposit' Hqt o

**** 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 (Depository)

Bank Address

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

Email Address for Remittance

Signature

Required documentation (attach to form):

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

Or

For Savings

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