

# Finance & Business Services Direct Deposit Authorization Form

(CHECK) - Employee  Student  Vendor

## Contact Information

Employee/Student/Vendor Name: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email (REQUIRED): \_\_\_\_\_

Telephone: \_\_\_\_\_

Tax ID Number/SSN (last 4 digits): \_\_\_\_\_

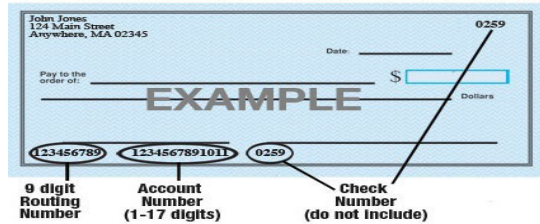
## Bank Information

Routing/Transit Number: (9 digits)

Bank Name:

Account Number:

Account Type:  Checking  Savings



**\*Authorization:** I hereby authorize The College of New Jersey to deposit funds directly into the account designated. I understand that all subsequent payments to me will be via direct deposit. I agree that The College of New Jersey will not be responsible for any incorrect information I provide.

X \_\_\_\_\_

Signature

X \_\_\_\_\_

Date