

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 only): XXXXX- _____

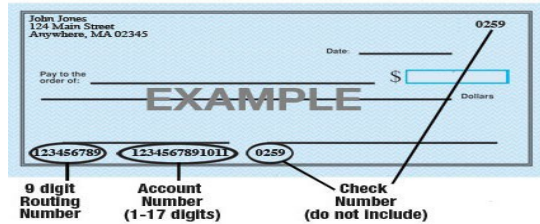
Bank Information

Account Number: _____

Bank Name: _____

Routing/Transit Number: (9 digits) _____

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