



Finance & Administration
Controllers Division, Accounts Payable

Print Form

Direct Deposit Authorization Form - Accounts Payable

Name University ID #
Address Phone

☐ Check here if this is related to Graduate Research Assistant, Fellowship, or Stipend payments

To set up a new direct deposit account, attach a voided check below.

Robert Smith 123 Stone Lane Rochester, NY 14609	456
Date <input type="text"/>	
Pay to the order of	\$ <input type="text"/> Dollars
BANK NAME	
VOID	
1 2 3 4 5 6 7 8 9	1 3 4 5 6 7 8 9 *
Transit Number	Account Number
	0 4 5 6 Check Number

If you do not have a check, please completely fill in the information below:

Bank Name ☐ Checking
Transit Number Account Number ☐ Savings

Is this replacing an existing account? If so please indicate the old bank below:

Bank Name ☐ Checking
Transit Number Account Number ☐ Savings

To CANCEL a bank account, please indicate the bank below:

Bank Name ☐ Checking
Transit Number Account Number ☐ Savings

Please read carefully:

I hereby authorize the Rochester Institute of Technology to make the deposits/changes as indicated above. RIT is also authorized to draw drafts to adjust any OVER-deposits(s) which is made to my account. I will not hold my bank liable for any erroneous deposits or adjustments by RIT.

Signature: _____ Date: _____

Return this completed form to the Accounts Payable Office, George Eastman Hall, Room 1160

Accounting Use Only:

Date Received: _____ Date Entered Into AP: _____ Entered By: _____

June 2011