

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(for U.S. bank accounts only; please contact Victoria Toro (email: vtoro@barnard.edu) for assistance with paying international payees)

I hereby authorize Barnard College to deposit all checks payable to me or my organization directly into my account with the financial institution named below.

Financial Institution Information:

Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing/ABA No. _____ Account No. _____

Select One: Checking Savings Money Market

Payee Information:

Name of Person or Organization _____

Last 4 digits of SSN, EIN, or Employee ID# _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Contact Phone No _____

This authority is to remain in full force and effect until Barnard College has received written notification from me of its termination in such time and in such manner as to afford Barnard College and the financial institution a reasonable opportunity to act on it. If an incorrect amount should be deposited into my account, I authorize my financial institution to make the appropriate adjustment.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Select One: New Account Change Account Cancel Agreement

Please attach a voided check, bank reference letter, or a screenshot of your account information to this document.

Please return signed and dated agreement together with a voided check, bank reference letter, or a screenshot of your account information by mail:

Barnard College
Accounts Payable Department
3009 Broadway, New York, NY 10027

You may also email or fax your documents. Our email address is apayable@barnard.edu and our fax number is 646-745-8320.