

Finance & Business Services Direct Deposit Authorization Form

(CHECK)- Employee Student

Contact Information

Name: _____

Address: _____

City, State & Zip: _____

Email (REQUIRED): _____

Telephone: _____

TCNJ Employees/Students with Payroll Direct Deposit- Employee ID#: _____ Student ID#: _____

By checking the box, I hereby authorize Finance & Business Services to obtain my banking information from TCNJ's Payroll Department.

If you have more than one Payroll direct deposit account, please specify the account to be used for Accounts Payable reimbursements.

Account No. _____ Account Type: Checking Savings

Signature: _____ Date: _____

If you do not have Payroll direct deposit or want to use a different account, please complete this section.

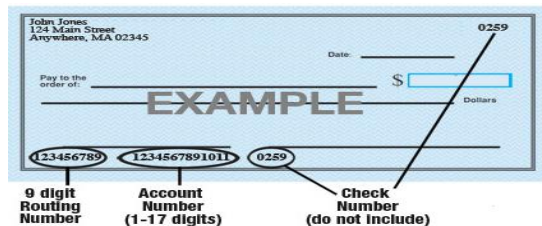
Bank Information

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

Date