

## Vendor Direct Deposit Authorization Form

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**Vendor Name:** \_\_\_\_\_

### Contact Information

**Name:** \_\_\_\_\_

**Tax ID No:** \_\_\_\_\_

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

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

**Email:** \_\_\_\_\_

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

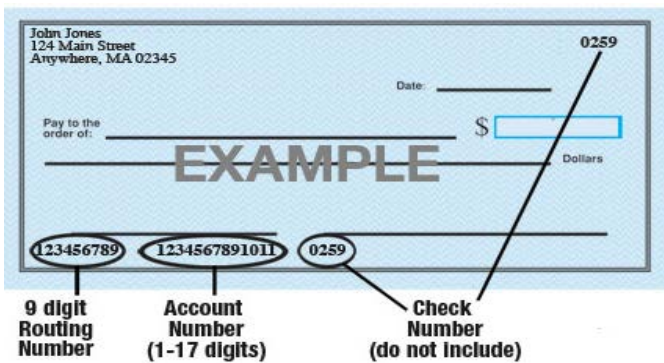
### Bank Information

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date